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ABSTRACT

The National Transportation Safety Board conducted a 2-day public forum (March 11 and 12, 1985) on alcohol and drug safety education to examine school and community programs designed to prevent alcohol and other drug abuse, discuss the major issues surrounding alcohol and drug abuse prevention, and develop recommendations to governmental and private agencies to improve alcohol and drug abuse prevention programs. Education and safety experts and representatives from citizen and parent groups participated in the forum. The testimony and discussion over the course of the forum resulted in the emergence of five general issues: (1) the educational messages; (2) who should deliver the messages; (3) what is a comprehensive or model program; (4) program costs and resources; and (5) the role of the federal government. This report summarizes the major points raised by forum participants in each of the five areas. A summary, a list of 22 conclusions, and Safety Board recommendations to the U.S. Departments of Education, Health and Human Services, and Transportation to improve the state of alcohol safety education in the United States are included. Seven appendices are given. (Author/NB)

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NATIONAL TRANSPORTATION SAFETY BOARD

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16. Abstract

Concerned about the pervasiveness of alcohol and other drug use in all modes of transportation, the National Transportation Safety Board has made numerous recommendations designed to reduce the incidence of alcohol and drug use by operators in our nation's transportation system. However, the Board recognizes that a long-term strategy to reduce transportation accidents must include prevention and education programs to complement current efforts to remove alcohol or other drug-impaired operators from our nation's transportation system.

On March 11 and 12, 1985, the National Transportation Safety Board conducted a Public Forum on Alcohol and Drug Safety Education. The purpose of the Forum was to examine school and community programs designed to prevent alcohol and other drug abuse, discuss the major issues surrounding alcohol/drug abuse prevention, and develop recommendations to governmental and private agenices to improve alcohol/drug abuse prevention programs.

Education and safety experts from across the country joined representatives from citizens and parent groups to discuss the above mentioned issues. The results of their presentations and discussions are contained in this report accompanied by Safety Board recommendations to improve the state of alcohol/safety education in the United States.

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CONTENTS

INTRODUCTION 1
  Youth Attitudes and Drinking Prevalence 3
  Implications of Prevention Research 5

NTSB PUBLIC FORUM ON ALCOHOL AND DRUG SAFETY EDUCATION 7
  The Educational Messages 7
    Start Early 7
    Tailor the Messages 8
    Abstinence vs. Responsible Use 9
    Provide Skills Training, Teach How To "Say No" 12

  Who Should Deliver the Message(s)? 15
    Classroom Teachers 15
    Parents 16
    Other Role Models 17
    Physicians 17
    Peers 19
    The Media 21
    Community Groups and Religious Organizations 21

  What is a Comprehensive Program? 22
    Positive Pro-kid Philosophy 23
    Education Establishment Involvement 24
    Integrating Material In the School Curricula 26
    Teacher Training 26
    Current Programs 27
    The STARR Project 27
    Preventing Alcohol Abuse - FLI Learning Systems, Inc., ... 28
    AAA Foundation for Traffic Safety 28
    Fairfax County (Virginia) Substance Abuse Prevention Program 29
    Traffic Accidents and Trauma 30
    REACH America 30
  Program Evaluation 30
  Program Costs and Resources 31
  The Federal Role 33

SUMMARY 37

CONCLUSIONS 37

RECOMMENDATIONS 39

APPENDIXES 41
  Appendix A: NTSB Public Forum Schedule 41
  Appendix B: Opening Statement of NTSB Chairman Burnett 43
  Appendix C: Weekly Reader Study of Children's Attitudes and Perceptions About Drugs and Alcohol 48
  Appendix D: List of Public Forum Participants 66
  Appendix E: Program and Curriculum Contacts 75
  Appendix F: Overview of the U.S. Department of Education School Team Approach 78
  Appendix G: Implications of Prevention Research 82

NATIONAL TRANSPORTATION SAFETY BOARD
WASHINGTON, D.C. 20594

SAFETY STUDY

Adopted: March 28, 1986

NTSB PUBLIC FORUM ON ALCOHOL AND DRUG SAFETY EDUCATION FINAL REPORT

INTRODUCTION

In its pursuit of long-term strategy to reduce alcohol and other drug related transportation accidents, the National Transportation Safety Board hosted a public forum on alcohol/drug 1/ safety education on March 11 and 12, 1985 to discuss how such education can become a more effective component of our nation's transportation safety program. The Board is aware that transportation accidents are one of the most serious manifestations of the alcohol and other drug abuse problems in our society. It recognizes that addressing these transportation consequences requires adopting measures which affect and will hopefully benefit many segments of our society. This report summarizes the results of the NTSB Forum as well as selected research findings on alcohol/drug prevention programs and the prevalence of alcohol abuse among young Americans--our transportation operators of the future.

Since its inception, the National Transportation Safety Board has been concerned about the consequences of alcohol and other drug use by vehicle operators in our nation's transportation system. It is estimated that approximately 30 percent of the nearly 100,000 alcohol-involved deaths in the U.S. each year occur in transportation accidents. 2/ The Safety Board has investigated many transportation accidents in which operators' abilities have been impaired by alcohol or other drugs. In so doing, the Board has collected information on the involvement of alcohol and drugs in all modes. (See figure 1 for a summary of alcohol-involvement by mode.) This does not convey the full magnitude of the problem because of the lack of accurate and complete data on alcohol and even more so on other drug involvement in crashes in most transportation modes.

In the last four-year period alone, the Board has investigated 18 railroad accidents in which alcohol or other drugs were either a contributing factor or a primary cause. These accidents claimed 13 lives; the property damage alone was estimated at more than $25 million. In aviation, Board records indicate that about 10 percent of all fatal general aviation accidents involve alcohol, as do about 7 to 8 percent of all commuter airlines/air taxi fatal crashes. 3/ Alcohol involvement in fatal recreational boating accidents may be

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1/ While the principal focus of the NTSB Public Forum and this report is on alcohol as the primary drug of abuse, other impairing drugs and their respective education/prevention programs are addressed.

2/ Based upon accident figures for each mode and total alcohol-related deaths as reported by the U.S. Department of Health and Human Services for 1980 (the most recent year for which data are available).

3/ NTSB Safety Study, "Statistical Review of Alcohol-Involved Aviation Accidents," NTSB/SS-84/03, May 1, 1984.

HIGHWAY

- 54% of fatalities involve alcohol
- 23,500 alcohol-involved deaths in 1984
- Alcohol-involved crashes are the leading cause of death for ages 16-24

AVIATION

- 10% fatal (general aviation) accidents involve alcohol
- 791 alcohol-involved deaths (1975 to 1981; all aviation types)

RECREATIONAL BOATING

- Up to 75% of fatalities involve alcohol
- 38% fatalities have blood alcohol concentrations over 0.10%
- 400-800 alcohol-involved fatalities per year

RAIL

- 18 NTSB-investigated accidents since 1982:
  - -13 deaths; 25 injuries
  - -$25 million in property damage

Figure 1.--Alcohol involvement in transportation accidents.

as high as 75 percent. 4/ In the highway mode, alcohol is estimated to be involved in approximately 54 percent of fatalities, which equals 23,500 deaths annually, and is the leading cause of death for those 16 to 24 years of age. 5/

Alarmed at the involvement of alcohol and other drugs in accidents in all modes of transportation, the Board has made numerous recommendations to reduce the incidence of alcohol and other drug use in transportation accidents. To improve highway safety, the Board has recommended stricter enforcement of drunk driving laws, including use of sobriety checkpoints, citizen programs to report drunk drivers, administrative revocation of drivers' licenses upon arrest, improved records systems, and special alcohol training for judges. 6/ The Board has also recommended that every State adopt a minimum legal drinking age of 21 years to reduce the tragic overrepresentation of youth in alcohol-related highway crashes. 7/

In aviation, the Board has called on the Federal Aviation Administration (FAA) to establish a blood alcohol concentration (BAC) intoxication limit (at the lowest detectable level); to obtain implied consent authority for alcohol testing as a condition for the

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4/ NTSB Safety Study, "Recreational Boating Safety and Alcohol," NTSB/SS-83/02, 1983.

5/ National Highway Traffic Safety Administration, "Estimates of Alcohol Involvement in Fatal Traffic Accidents 1980-1984," January 1985.

6/ NTSB Safety Study, "Deterrence of Drunk Driving: The Role of Sobriety Checkpoint and Administrative License Revocation," NTSB/SS-84/01, April 3, 1984; NTSB Safety Study, "Deficiencies in Enforcement, Judicial, and Treatment Programs Related to Repeat Offenders," Drunk Driving Safety Study, NTSB/SS-84/04, September 18, 1984.

7/ NTSB Safety Recommendation H-82-18, July 22, 1982.

issuance of an airman certificate; to enhance training for pilots about the dangers of alcohol and flying; and to improve the ability of aviation medical examiners to detect applicant pilots with alcohol abuse problems. 8/

To combat the alcohol abuse problem in recreational boating, the Board has recommended that the States adopt laws that define the BAC level at which a boat operator will be considered to be intoxicated and that require operators to submit to toxicological or chemical testing (as motor vehicle drivers must) under State "implied consent" laws. The Safety Board has recommended, in addition, that the U.S. Coast Guard, the Coast Guard Auxiliary, and State boating law administrators work together to develop and implement effective alcohol/drug abuse training programs. 9/

Finally, to address the problem of alcohol use in the railroad industry, the Safety Board has called upon the Federal Railroad Administration (FRA) to promulgate regulations to prohibit employee use of alcohol and other drugs for a specified period prior to reporting for duty and while on duty; to ensure that timely toxicological tests are performed on all operating employees involved in a train crash resulting in fatalities, injuries, substantial property damage or the release of a hazardous material; and to require that all accidents that involve alcohol or other drugs be reported to the FRA. 10/

The Safety Board's process of accident investigation, followed by recommendations for corrective action, focuses on immediate safety problems. But long-term measures are also necessary. Future vehicle operators must be educated about the risks of alcohol and other drug use long before they get behind the wheel of a car or the throttle of a 100-ton train loaded with hazardous materials. The overwhelming body of expert opinion indicates that prevention and education efforts must be directed towards young people and must begin as early as kindergarten age. The consensus is that a major focal point for these efforts must be the school systems, where alcohol and other drug abuse often begins and where young people spend so much of their time. A long-term strategy to reduce transportation accidents should include prevention and education programs to complement current efforts to remove alcohol or other drug-impaired operators from our nation's transportation system. The Safety Board is also mindful that any benefits which may accrue to transportation safety will, hopefully, be manifest more widely to our whole society.

Youth Attitudes and Drinking Prevalence

Recent research provides some excellent but worrisome data on usage levels and attitudes toward alcohol and other drugs by young people in the U.S. (See figure 2.) One landmark study was conducted in 1983 by Weekly Reader Periodicals (then a division of Xerox Education Publications), in cooperation with the White House Drug Abuse Policy Office and other groups. This first major national survey of the attitudes of young children about drugs and drinking was printed in the various Weekly Reader publications for grades four through twelve. (See appendix B for the complete survey text.) A half million children responded, and a random sample of 100,000 responses was selected for analysis. It is important to note that these children were reporting on what they believed to be happening among their peers, not on their own behavior. Some of the findings are summarized in figure 2.

8/ NTSB/SS-84/03 op. cit.
9/ NTSB/SS-83/02, op. cit.
10/ NTSB Safety Recommendation(s) R-83-28 through 34, March 7, 1983.

Elementary and Junior High School Students

- 33% of 4th-8th graders believe drinking is "a big problem" among kids their age
- 32% of 4th graders feel "some" to "a lot" of pressure to try alcohol/drugs
- 60% of 7th graders feel "a lot" of pressure to try alcohol

(Source: Xerox Weekly Reader Survey-100,000 4-12th Graders)

Senior High School Students (Grades 10 to 12)

- 15-20% (more than 1.6 million) estimated to be weekly heavy drinkers
- 27% weekly drinkers
- 62% monthly drinkers
- 87% used alcohol at least once
- One of every four students was "at risk" for involvement in an alcohol-related highway accident at least once during the last year
- More than half a million 10-12th graders estimated to have driven after drinking 10 or more times during previous year

(Source: National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse.)

Figure 2.--Alcohol use by youth.

About 40 percent of fourth graders considered alcohol a drug; by sixth grade, only 30 percent did. More than 30 percent of fourth graders said that kids their age push each other to try beer, wine, or liquor; the percent increases steadily to about 75 percent among high school students. Among fourth and fifth graders, "other kids" and "TV/movies" were seen as the primary sources for learning "about things that might make drugs and drinking seem like fun." After sixth grade, the primary source named was "other kids." Not until after sixth grade does "school" become the place that children say they "learn the most about the dangers of drugs and drinking."

Clearly, a significant number of children--even at the fourth grade level--believe that drinking alcoholic beverages is "a big problem" among their peers. They feel they are under pressure from their peers and are encouraged by TV and movies to experiment with alcohol and other drugs. Not until junior high school do they see the schools as the primary place where they learn about the dangers of drugs and drinking. By that time, however, they believe that patterns of alcohol experimentation are already well established in many of their peers. 11/

Research on the prevalence of adolescent drinking has recently been summarized by White, Funkhouser, and Somers. 12/ The sources of data on youth drinking practices are two national surveys of high school and junior high school students, one conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the other by

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11/ Weekly Reader Periodicals, "A Study of Children's Attitudes and Perceptions About Drugs and Alcohol." (Middletown: 1983).

12/ White, Joan B.; Funkhouser, Judy E.; and Somers, William M. "Adolescent Alcohol Beverage Consumption Patterns." Paper presented at the Annual Meeting of the American Public Health Association (Anaheim, CA: 1984).

the National Institute on Drug Abuse (NIDA). 13/ These surveys indicated levels of alcohol use by adolescents that are reason for great concern. Almost 10 percent of sixth graders surveyed reported that they had tried alcohol, more than half of the students surveyed had tried alcohol by the ninth grade; and almost all students had experimented with alcohol by their senior year. More alarming, however, is the fact that 5.5 percent of high school seniors reported using alcohol daily. Based on survey research, national use levels in 1983 were estimated as follows:

- More than 1.6 million (or nearly 15 to 20 percent) senior high school students are estimated to be weekly heavy drinkers of beverage alcohol.
- More than 3 million (or about 27 percent) of senior high school students are estimated to be weekly drinkers of beverage alcohol.
- More than 6.8 million (or 62 percent) senior high school students are estimated to be monthly drinkers of beverage alcohol.
- More than 9.6 million (87 percent) senior high school students are estimated to have had at least one drink of beverage alcohol in their lifetime.
- One out of every four senior high school students was at risk of an alcohol-related motor vehicle accident at least once during the previous year. More than half a million 10th to 12th grade students are estimated to have driven on 10 or more occasions during the previous year after they had had a "good bit" of beverage alcohol to drink.

While, the immediate risk posed by young people who use alcohol and other drugs is a serious highway safety problem, the potential danger extends to all other transportation systems. A long-term strategy to eliminate alcohol use in our transportation system must include a substantial alcohol abuse prevention/education effort directed at young people.

Implications of Prevention Research

Advocacy of comprehensive alcohol and drug prevention programs for our nation's youth conveys the implicit assumption that such prevention programs are demonstrably effective. Yet historically, drug use prevention programs have not been dramatically successful. A recent study by the Rand Corporation, Strategies for Controlling Adolescent Drug Use, contains one of the most comprehensive reviews and analyses of drug prevention research, programs, and strategies. This study provides an excellent framework for assessing current strategies and approaches in alcohol safety education. The reader is encouraged to refer to Appendix G, "Implications of Prevention Research," which presents a brief synopsis of the Rand findings. As the reader will later see, their findings parallel many of the views and practices presented by the participants in the NTSB Public Forum.

13/ The NIAAA surveys were conducted in 1974 in 453 schools representing all 7th-12th grades; in 1978 in 75 high schools representing all 10th-12th grades. The NIDA national surveys have been conducted annually since 1975 to produce national estimates of drinking and other drug taking behavior among high school students.

According to the authors of the Rand study, "Recent innovative approaches offer great hope for reducing drug use among young people." 14/ These new approaches are based on the theory that social influence and peer group norms are the primary factors motivating young people to start smoking or using other drugs. The Rand study authors cite the success of these methods in preventing cigarette use, coupled with "their grounding in a more accurate understanding of adolescent behavior" as factors which suggest their adaptation for programs to prevent other types of drug use. 15/

In summarizing the potential for using successful smoking prevention concepts for preventing the use of alcohol and other drugs, the Rand study is encouraging. The authors do, however, have strong doubts about the effectiveness of primary prevention programs that suggest young people should never start drinking. As support for this view they cite the broad societal acceptance of drinking and the substantial numbers of seventh grade students who are already regular users . 16/ The authors do not, however, address the potential effect of such methods on pre-adolescents, i.e., elementary school students (who have few drinking peers) or the potential for preventing such socially unacceptable behaviors as drunk driving and other misuses of alcohol, as opposed to solely preventing any use.

Based on the evidence presented, there is little reason to believe that these prevention techniques would not be effective on either a younger audience or for preventing drunk driving (in any mode). On the contrary, the similarities in psycho-social antecedents and influences on youth who use alcohol, cigarettes, or marijuana seem to offer hope for adapting smoking prevention concepts to alcohol and marijuana.

14/ Polick, J.M.; Ellickson, P.L.; Rauter, P.; et al. Strategies for Controlling Adolescent Drug Use, Rand Corp: 1984.
15/ Ibid.
16/ Ibid, p. 161.

NTSB PUBLIC FORUM ON ALCOHOL AND DRUG SAFETY EDUCATION

The National Transportation Safety Board hosted a two-day public forum on alcohol safety education on March 11 and 12, 1985, to learn more about alcohol and drug safety and education programs [17] and how they can become a more effective component of our nation's transportation safety program. Education specialists, substance abuse experts, teachers, school administrators, parents, public officials, and citizens with extensive knowledge and experience in this subject were invited to present summary oral remarks on the first day of the forum and to participate in a round table discussion on the second day. (See list of participants in appendix C.) In addition, representatives from many organizations with interest in areas related to alcohol safety education were invited to submit written testimony and to join in the roundtable discussion. Twenty-six speakers took part the first day and twenty-three participants were present for the discussion on the second day. In addition, numerous written submissions to the docket were received. The objectives of the forum were as follows:

1. To develop a general understanding of the state of alcohol and drug safety education in schools from kindergarten through twelfth grades;

2. To derive specific information on exemplary school and community alcohol and drug safety education programs;

3. To identify major barriers to the extension and implementation of such programs to all school systems and communities; and

4. To develop potential Safety Board recommendations to appropriate agencies and organizations designed to promote the adoption of comprehensive alcohol and drug safety education in schools and communities.

From the testimony and discussion over the course of the forum, five general issues emerged:

1. The educational messages;
2. Who should deliver the message(s)?;
3. What is a "comprehensive" or model program?;
4. Program costs and resources; and
5. Role of the Federal government.

In the following section, the major points raised by participants are summarized according to these five issues.

The Educational Messages

Start Early.--The consensus was that schools have a pressing need for alcohol and drug safety education--education that begins at kindergarten and continues through the twelfh grade. The participants agreed that today such education is neither consistently nor uniformly presented in most schools. Reflecting the results of the Weekly Reader survey, Dr. Terry Borton, Editor-in-Chief of Xerox Education Publications, emphasized the importance of starting such education early. "It seems essential to teach about drugs and alcohol in the primary grades," he urged. "That is when school commands maximum respect, when children are generally anti-drugs and drinking, and when peer culture is relatively weak."

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[17] For the purpose of this report, the term "alcohol safety education" is intended to include safety education and prevention efforts directed at alcohol and other drugs.

Dr. Monica Homer, Professor of Health Education at Adelphi University and a noted alcohol curriculum expert, agreed that "We [do] have to start early. We have to start as soon as we can get our hands on them, and that's in kindergarten. . .. In kindergarten it is far easier to begin good habits with our young people."

The recommendation by Drs. Homer and Borton to "start early" parallels the findings in the Rand study, which comments: "Targeting prevention activities on younger adolescents takes advantage of the more positive group climate that exists when few of a child's friends and acquaintances take drugs, and most of them also do not approve of it." 18/

Tailor the Messages.--The conference participants also agreed that the particular message being conveyed should be tailored to the age group and maturity level of the students. For example, "Here's Looking at You, Two," a comprehensive, kindergarten through twelfth grade (K-12) alcohol and drug abuse prevention program developed in Seattle, Washington, is divided into seven grade-level groupings: kindergarten and first grade; second and third grade; fourth grade; fifth grade; sixth grade; junior high (grades 7-9); and senior high (grades 10-12). 19/

Kindergarten and first grade students learn that a substance cannot be identified just by looking, tasting, or smelling. They begin to learn problem solving skills by first being taught that there are alternative solutions for every problem. Skills for coping with stress are introduced through stories and a puppet ("Froggy") and acceptable and unacceptable ways of expressing feelings are explored. Second and third grade students examine the effects of using and abusing alcohol or other drugs. Fourth graders are taught the differences between prescription and over the-counter drugs. Fifth graders learn why alcohol and drugs are used in our society. Sixth graders discuss how their parents' attitudes may influence their actions; they learn where to turn for help, guidance, or just a good listener.

Junior high students examine the concepts of risk, risk versus gain, and the consequences of potential risk situations; they also examine alcohol and drug advertising and its impact on people. Finally, junior high students are taught a five-step process for "saying no." Senior high students get in-depth alcohol and drug information from research, speakers, and films. They focus on friendship and discuss how feelings can influence behavior.

A similar approach was described by Grey Jones, President of FLI Learning Systems, Inc. Sam Yaksich, Jr., Executive Director of the AAA Foundation for Traffic Safety (whose organizations publish widely-used alcohol education curricula and materials), and Ms. Beatrice Cameron, Assistant Superintendent for Student Services and Special Education of the Fairfax County (Virginia) school system (which uses an in-house designed curriculum).

18/ Polick, Ellickson, Rauter, op. cit. p. 9.

19/ NIAAA, "Prevention Plus: Involving Parents and the Community in Alcohol and Drug Education." Department of Health and Human Services publication No. ADM 83-1256, 1983. This program was developed with the support and assistance of the Washington State Bureau of Alcohol and Substance Abuse and the National Institute on Alcohol Abuse and Alcoholism. Selected as a model program by the NIAAA, it is being implemented in 43 States and 7 foreign countries.

Abstinence vs. Responsible Use.--The forum participants expressed divergent points of view on what message should be conveyed in these programs--that is, whether the primary emphasis of the educational message should be abstinence or "responsible use" of alcohol. None of the forum participants condoned underage drinking. However, several advocates of the "abstinence" message felt that alcohol prevention programs based on the "responsible use" approach may convey tacit acceptance or even approval of drinking by underaged young people.

Dr. Carlton Turner, Special Assistant to the President for Drug Abuse Policy, described the position of the President's campaign on drug education and prevention.

> It's geared to those young people under 18 primarily, to ensure that they make the decision to say no to the use of those two particular drugs [alcohol and marijuana].... In order to have credibility, ... we must realize that both are illegal, under 18 in every State. We do not use 'responsible use' in this educational program, because I cannot see the word 'responsible use' meaning anything but degradation.

Dr. Turner cautioned against the use of mixed messages in prevention/education programs for young people, and stressed the importance of using communication techniques appropriate for young people, not those appropriate for adults:

> [The phrase] " Friends don't let friends drive drunk" [conveys a message appropriate for adults], but when you take a 15-year-old, what does it mean? It means to the 15-year-old that it's all right to drink, just don't drive.

Reflecting on his extensive work with young people in treatment facilities, Dr. Turner argued that young people want a clear line drawn between "use and no use" of alcohol and drugs:

> [As] one young man said, "Do it like they did at the Alamo--draw the line and the young people know where to go." And that's the reason we have drawn the line, on those two drugs, marijuana and alcohol, under 18. That's the reason ... under 18 it's illogical to say "Friends don't let friends drive drunk," because how can we expect those young people to support our laws if we tell them it's all right to break this law; just drink a little, don't get drunk?

Robert G. Kramer, a member of the Maryland House of Delegates and former head of a county alcohol and drug treatment program for youth, seconded Dr. Turner's statements:

> I believe [that there] is the need for a well-defined line of appropriate behavior -- of what's acceptable and of what's not... I think it's far easier for a young person to stay on the right side of that line if they know that the line is straight, it's not wavy, it's not confusing. If they know what's expected of them it's far easier to stay on the right side of it, ... even though that line will indeed be transgressed and there's your reality statement that yes, young people will drink .... But when the line is transgressed and there's a definitive line, it's easier for that young person to come back because he or she realizes that indeed, I have crossed over. What I have done is unacceptable in the society. And they know that.

Dr. Robert Niven, Director of the National Institute on Alcohol Abuse and Alcoholism, also expressed concern about the mixed messages in our society about alcohol and drugs. He cited as an example the "knowing your limits" concept, frequently a component of the "responsible drinking" type of prevention programs. "I am not at all convinced that that is a viable concept for many, many people in our society" he said. "The more one drinks, the less likely one is to be able to know one's limit, let alone control one's drinking to a prescribed amount." Dr. Niven voiced a similar concern about the legal blood alcohol concentration limits: " [These] limits in and of themselves give a message to some people that it is okay to drive under the influence of alcohol . . . . [But] most people are impaired at blood alcohol concentrations much less than that."

Joyce Nalepka, President of the National Federation of Parents for Drug-Free Youth, expressed the frustration of many parents with the mixed messages given to their children by the "responsible use" oriented prevention programs:

> I'm amazed at the number of mixed messages kids are still hearing. We've received in our offices, school drug/alcohol-related curricula that teach responsible use. . . school-related groups that say, We're not here to tell you not to drink, we know you're going to do that. We just don't want you to drink and drive.
>
> There are community-based campaigns that put cards in our sons' tuxedos and in our daughters' corsage boxes that say, "If you've had too much to drink, you call us and we'll drive you home."
>
> To me, that's a very mixed message when . . . the final message they've heard from us [parents] is "Don't drink."
>
> To me, this makes no sense. Most parents I know are telling their children, "No drinking and no drugs." These programs I mentioned earlier are in direct contradiction to what we're telling our children. If we are all talking about the same children, and I believe we are, the messages need to be clear and backed up by consequences. We believe if parents say no, if schools say no, the local alcohol merchants check IDs, the police raise public awareness and enforce the law, fewer young people will be using these substances in the long run and we will have fewer alcohol-related traffic accidents. We will also have fewer school dropouts, fewer juveniles in trouble with the law, fewer families in chaos, and less teen vandalism and so on.

A different view of the issue of emphasizing abstinence rather than "responsible drinking" in prevention programs was voiced by Debbie Lantzy, a college student, organizer of numerous high school Students Against Drunk Driving (SADD) chapters and current Chairperson of Montgomery County (Maryland) SADD:

> A major problem that our county SADD has and that the high school SADDs also encounter is that we, in order to be an effective group, cannot go into our schools and tell our friends 'Don't drink' as a major message, and the reason for this is because no one wants to be told what to do. We recognize . . . that the legal drinking age. . . [is] 21. . . but, realistically, we know they do [drink] illegally.

> A lot of people think we are promoting drinking by saying, don't drink and drive, as opposed to saying, "Don't drink." But that's not what we do. That's more of a personal decision, we think. . . . I think it's the parents' responsibility to tell the kids what to do, not my responsibility to tell my friends what to do, because they are more easily turned off by me than they are by their parents.

Ms. Lantzy noted that media glamorization of drinking communicates a mixed message that hinders the efforts of SADD groups to convince peers not to drink and drive. She stressed that SADD organizations try not to judge students who drink, but to provide alternatives: "[We] don't tell them what they are doing is wrong. We're telling them there's a better way to do it. That they can save their life."

Iowa State Trooper Michael Gilbert, active in youth groups, supported Ms. Lantzy's point that adults' mixed messages about drinking make it difficult to convey a "Don't drink" message to youth:

> Today's teens are angry and rebellious toward adult double-standard rhetoric. We tell kids "Don't drink" while they live in a society soaking in alcohol. . . . Don't, don't, don't, while we adults do, do, do. We must assist them in making critical life decisions that still allow them to function in this world. We do not--have never--supported teenage drinking or drug use. What we are trying to do is give these teenagers the tools that they can use to still live in this imperfect world and stay alive.

Trooper Gilbert also noted that parents give mixed messages to their kids. "Parent groups are not together on this issue," Gilbert said.

> I can't tell you how many times a police officer somewhere has taken a child home who's drunk and the response from parent groups is, "Well, at least they're not on drugs." And our number one killer of kids is alcohol and has been for over a decade. Parent groups are not together on this. If they were, we'd be fine. But they're not.

Grey Jones of FLI Learning Systems, Inc. also argued for the "responsible drinking" philosophy conveyed in his firm's materials. While agreeing with the general sentiment that underage youth should not drink, he questioned whether young people will accept the manner in which the "say no" approach is conveyed. They have to be ideally told "no to underaged drinking" and two, they have to be sold rather than just told. Sold on making their own decisions about their later use of alcohol.

> Number one is, they should be sold on the idea that it's okay to say "no," that you don't have to drink even when you're of age. And two, if you use alcohol later as adults, use it responsibly. There's your responsible message. And for goodness sake, three, don't use it just to be cool, or to impress anybody.
>
> Keep in mind, the role of school is to prepare these young people for later life. So if all we're doing is giving them a message, "Alcohol is bad, bad, bad," number one, they are going to reject it. Number two, they are going to ask the question, "Why do parents drink?" Number three, they are going to say, "Why is alcohol even legal, if it's bad, bad, bad?"

The skepticism of those who questioned the strict "Don't Drink" approach seems to be shared by the authors of the Rand study who expressed strong doubts about programs that suggest young people should never start drinking. They cite the broad societal acceptance of drinking and the substantial numbers of seventh grade peers who drink as reasons. Advocates, however, argue that starting with even younger students might build resistance to societal pressures.

Provide Skills Training, Teach How to "Say No."--Advocates of the responsible drinking/decision-making approach strongly emphasized the need to teach coping skills, self-esteem, alternative behaviors, and decision-making skills to adolescent and pre-adolescent youth. Those favoring the abstinence approach were not necessarily opposed to teaching these skills, but generally they did not emphasize these points.

Clay Roberts, designer of Seattle's K-12 model curriculum "Here's Looking at You, Two," 20/ explained that the reasons for including these components in his program stemmed from the reasons why young people begin to drink in the first place:

> Some of the things that young people told us about why they initially got involved with alcohol and other drugs. . . were things like "I didn't have good information." Really what they said in their own words was, 'I didn't believe what they told me.'
>
> And other kids told us that they got involved [with drugs] at a time when they were feeling pretty poorly about themselves. They were a new student in school. They were looking for a group to identify with, and the easiest group to identify with was a peer group that was using drugs, [with] one criterion for membership: "If you use, you are a part of our group. If you don't, you're not."
>
> Other kids told us it was easy access. Others told us it was curiosity. Others said, "It feels good and I like the feeling I get when I get high, and I want to continue to use because I like that feeling." Others told us, "All the adults do it. Why shouldn't we?" Others told us, "There are no clear consequences." And others said to us, "I didn't know how to say no to my friends."
>
> And what I'm trying to illustrate here is, I think we're dealing with a very complex problem. I don't think there are any easy answers. And I'm not here to propose any.

Mr. Roberts continued by outlining the four major components of his program--information, decision-making skills, coping skills, and self-esteem and self-concept:

> The first thing we asked ourselves is what's been done in the past? . . . most of them focused traditionally on providing young people with accurate information about the drugs. And the assumption was, if we gave good kids good information, they would make responsible choices. I don't happen to believe that.

20/ Ibid., p. 2.

> I believe that information is the answer as long as ignorance is the problem. And I believe that we have a number of very intelligent young people and adults who do get involved with substance abuse who have a great deal of information. So information is important, but what kind of information do we need to provide? I believe we need to provide information about the effects of drugs, but I also believe we need to provide information about the early warning signs and symptoms of chemical dependency. I believe we need to provide information about how chemical dependency affects families. I believe we need to provide information about community resources and the laws, and what the legal penalties are for the use of those substances.
>
> But in addition to information, we decided there were three other components that we wanted to include in our curriculum: one was decision-making skills. We wanted to help young people use the information they have to make responsible decisions.
>
> A second component we felt was very important was the area of coping. How to cope with problems non-chemically, how to cope with peer pressure? Those were issues that young people told us that they needed more help with.
>
> And the last area we included was the area of self-esteem and self-concept. Because we believe that kids who feel good about themselves would be less influenced by peer pressure and more able to make independent choices.

It is interesting to note that two of the prevention models in the Rand study, the individual deficiency model and the social pressures model, are applied in the Seattle program. Mr. Roberts reinforced another point made in the Rand study about the importance of presenting the short-term consequences of alcohol and other drug abuse to youth:

> One of the things that we learned early on is that we need to focus on logical short-term consequences of students' behavior, rather than long-term health consequences.
>
> Many of the programs in the past, . . . would focus on the long-term health consequences of alcohol use, which is really of no significance to the 14-year-old who starts drinking. They are not concerned about getting cirrhosis. They are not concerned about drinking and driving. We need to focus on the logical short-term consequences of their behavior, if we're going to change their behavior.
>
> For instance, high school students that I know are more concerned about getting in a minor accident with their dad's car and having to explain it to their dad, than they are of getting killed behind the wheel. In fact, I think most of them would rather be killed behind the wheel than have to face their father in that situation.

Forum participants did not agree on the methods for "saying no" that should be taught to children, nor on how to present this message in relation to the other elements of the prevention program. Dr. Borton of Xerox Education Publications favored an approach that teaches children specific ways to resist peer pressure to drink. He opposed the decision-making or "responsible use" approach that teaches the processes of decision-making and the facts related to alcohol, but lets children make up their own minds on responsible drinking.

Clay Roberts, as well as other curriculum designers, strongly concurred in the importance of teaching refusal skills, and integrating the "say no" training along with certain decision-making skills into their prevention programs. In doing so they concurred with the Rand study authors who emphasized the need to teach adolescents to resist social pressure to use drugs. However, Mr. Roberts criticized the specific "say no" approach currently promoted by the National Institute on Drug Abuse (NIDA) and others:

> The National Institute on Drug Abuse has a television spot out that's been running for some time, and it shows a little kid walking down the street and a car drives up beside him and they say, "Hey, kid, do you want some dope?" And the kid says, "No, no way." And he walks off. I think many of us have seen that spot.
>
> I asked a group of ten-year-olds what they thought about it and they said, [shrug] And I say, "Why?" And they said, "Because, first of all, they don't give that stuff away. They sell it. They're not fools." And the next thing they said was that's the easy "no" today. It's easy to say no to the local pervert. It's hard to say no to your friends.
>
> And what have we told our kids about saying no? One thing we've said is, "Say no and walk away." That's what a lot of programs are teaching right now.
>
> If you ever think of how that looks: Liz is my girlfriend. It's sixth period. We're in high school. She comes up to me sixth period and she says, "Clay, do you want to go to the Kegger?" And I say, "No, Liz, see you later." She says, "Fool, heck with you."
>
> Do you think any high school boy is going to do that? I don't. Or we've said, "Make excuses." If you ever think about how that looks. She says, "Do you want to go to the Kegger?" And I say, "Well, I'd really like to go tonight, Liz, but it's Monday night and Leave it to Beaver is on Channel 11. And so I can't go with you." Or they make a much better excuse than that, but when we tell our kids to make excuses, what we're really saying to them is to lie to their friends. And I don't believe they feel good when they lie to their friends. I don't think that's something we should encourage.
>
> We think there's a better way of teaching them say no. And in fact, I believe what we've done in the past is--the analogy that I use is, if you think about how we taught students to cross the street, we didn't put them all on a corner and say, "Figure out the best way to get across the street." And then take a look at the kids on the other side and say, "You folks did a real good job." And the ones that got run over, we said, "Boy, they didn't do very good."

> But that's essentially how most programs have taught them to "say no." We think there's a better process.

The "say no" process advocated by Mr. Roberts has five steps:

1. Ask questions.
2. Name the trouble.
3. Identify the consequences.
4. Suggest an alternative.
5. Leave, but leave the door open (for further communication).

Mr. Roberts gave an example of how this process would actually work:

> First of all, you need to ask questions. If someone says, "Hey, want to go to the park?" you need to ask, "What's going to go on there?" And if they say, "There's a Kegger." The next is, name the trouble: "That's minor possession." [Then the consequences]: If I get caught, my dad's going to be on my case. The coach could boot me off the team.
>
> The next [step] is to suggest an alternative: "So why don't we go down to the Admiral? Footloose is on."
>
> "It's better than Flash Dancing."
>
> "All right."
>
> Or she says, "No," and I say, "Well, if you change your mind, I'll be going about 7:00, give me a call."

Who Should Deliver the Messages?

The forum participants were virtually unanimous in their belief that real progress in educating young people about the dangers of alcohol and other drugs will only come through a real community effort. Though most speakers recognized that our society will probably continue to rely on the classroom teacher to be the primary vehicle for alcohol/drug education, they believe that many other groups and individuals need to participate. These groups and individuals include parents, peers, older youth (referred to as "cross-age teachers"), physicians, other role models (athletes, media celebrities), broadcast and print media, churches, religious organizations, and community groups.

Classroom Teachers.--Even though the classroom teacher typically has the primary responsibility for teaching alcohol education, many forum participants felt that many of these teachers have not been properly trained in this subject and are generally uncomfortable with it. Dr. William Cushman, Executive Director of the American Driver and Traffic Safety Education Association (ADTSEA) and the major spokesperson for driver education, agreed that "many [driver education teachers] do feel uncomfortable." He described a new publication published by ADTSEA designed to address the lack of alcohol information available to the driver education teacher: "[Titled] 'Alcohol Awareness Education - A Primer'. . . .It's basic, fundamental, it's simple information. But it's information that too many of us as teachers . . . simply do not have in hand."

Clay Roberts made a strong point repeated by other participants that not all teachers are appropriate or effective for teaching alcohol education. He then described how the program in Seattle selects and trains teachers:

> We're moving much more away from training all the staff in the building, although we think some general training needs to go on. We're a believer at this point in a concept that's much like the designated hitter in baseball. That is, there are some people who do things better than others and we've identified criteria for identifying who the effective teacher in the classroom for this kind of program would be. And then we think we need to select those teachers and provide them with special training. We call those "designated teachers" . . .
>
> My belief is, we're dealing with a very sensitive issue in the classroom.... If we believe the data nationally, one of our speakers earlier said one in six. I believe it's one in four children live in a chemically dependent family. And for them, the issue of alcohol and drugs takes on special significance and is a very sensitive issue. And I think that that's one of the reasons why I very strongly support teacher training. Much more so than some of the other speakers may have in the past.

The participants in the forum unanimously agreed that classroom teachers need more pre-service and in-service training to give them the confidence to teach alcohol and safety education courses. Beatrice Cameron mentioned that in the Fairfax County (Virginia) program, specially trained "Substance Abuse Resource Persons" in each high school and intermediate school assist school staff and students and act as a liaison to county-wide prevention efforts. Moreover, the Fairfax program includes in-service training for all staff members who have contact with students. "It reaches not only teachers, counselors and administrators," she said, "but also includes important support personnel who have daily contact with students, such as the secretaries, the bus drivers, custodians, and cafeteria workers."

Parents.--Conference participants were also in complete accord on the importance of and need for increased parent participation in the education process. Speaking for the National PTA, Glenna Gundell, PTA Drug and Alcohol Abuse Chairman, said that "parents are the best protection children can have against substance abuse." The national and local PTA chapters provide alcohol information and training to schools and lobby for increased emphasis on alcohol and drug education, beginning at the earliest grade levels.

Dr. Carlton Turner, the President's Special Assistant for Drug Abuse Policy, also stressed the importance of parental involvement in alcohol education programs: "I think any program that does not involve the parents is not going to be successful." This sentiment for active parental involvement found strong support in the Rand study, which emphasized the great influence parents have on adolescent alcohol use in particular.

Representing one of the most active and influential parent groups involved in alcohol and drug issues, the National Federation of Parents for Drug-Free Youth, President Joyce Nalepka stated that parent groups are beginning to be effective in changing community attitudes toward drinking by underage youth and setting firm guidelines for youth to live by. Ms. Nalepka also stressed that parents need to do more than become involved in the educational process; parents need to take responsibility for their own children and network into parent groups that center on their children's "friendship circles."

Forum participants also agreed that adults, and parents in particular, need education themselves on the subject of alcohol and drug abuse. This point was made by Martha Aly, Coordinator of Alcohol and Drug Programs for Prince Georges County, Maryland schools:

> ... I hope we can agree that education of our youth is not enough. Because no amount and no quality of instruction in the classroom can counter the lessons which young people learn from adults outside the classroom every day.

Maryland Delegate Robert Kramer cautioned that the manner in which parents are approached by alcohol and drug abuse educators is critical to gaining their cooperation and support. Citing his own experience as a substance abuse expert in Anne Arundel County, Maryland, Delegate Kramer recalled how difficult it was to get parents to participate in his programs until he examined the message he was conveying to parents.

> The message was, "By golly, your child has a problem because of you." And after I laid that guilt trip on them, then I wondered why they didn't come back in the door. It was no wonder. And so it has to be a positive message of concern.

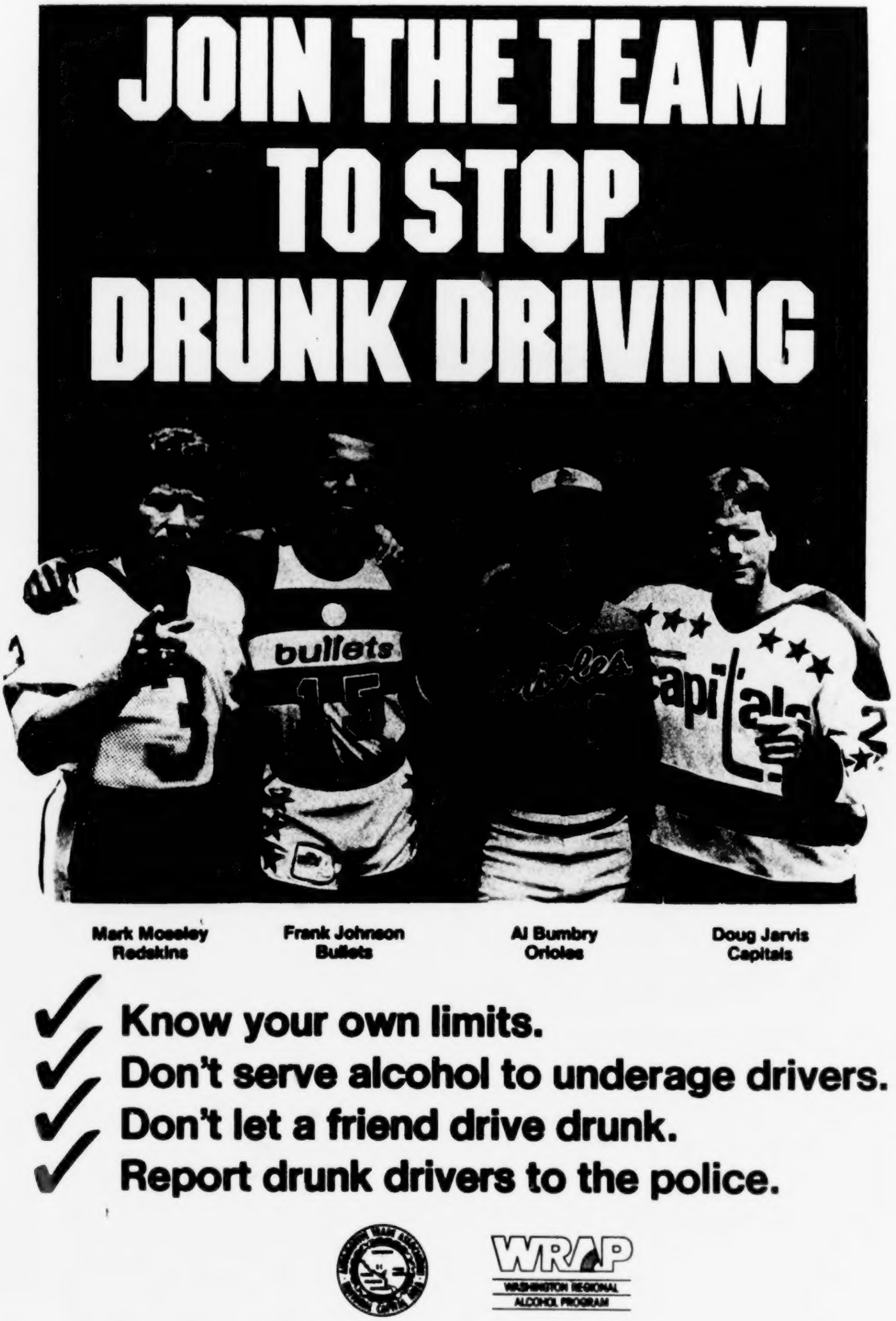
Rather than giving special talks to schools and PTA's on drug abuse, Delegate Kramer's program changed to forums "on what you need to know as a parent to help your child make adjustment to middle school from elementary school." Within that context, the subjects of peer pressure, alcohol and drug use were then discussed, but "in a positive context of how can you, as parents, help your child with what he or she is going to face."

Other Role Models.--Ms. Aly's point on the need to educate all adults was expounded upon by several speakers. Mr. Jerry Sachs, President of the Capital Center (the major indoor sports arena in Washington D.C.) and member of the Board and representing Mothers Against Drunk Drivers (MADD) stated:

> We have to reach those people who influence young people as their opinions and their character are being formed. And we must reach teachers, coaches, athletes, anyone -- actors, actresses, anyone in the public sector who has the opportunity to expose their ideas and their feelings to young people.

Mr. Sachs described a local effort he leads in the Washington, D.C. area, the Washington Regional Alcohol Program (WRAP), which has used prominent local sports figures to deliver drunk driving prevention messages to area youth. Figure 3 illustrates one of these messages, which was part of the WRAP 1984 fall season campaign.

Physicians.--The role of physicians in the prevention of alcohol and drug abuse is, by the nature of the profession, a broad one. Physicians not only serve as role models to children but are, of course, directly involved in health education and treatment. Dr. Carlton Turner described a joint program involving the White House, the American Academy of Pediatrics, the National Federation of Parents for Drug-Free Youth, and the Dupont Corporation. The program was designed to assist pediatricians in educating their patients about alcohol and drug abuse. Activity books for patients designed to create awareness of issues relating to alcohol and drug use and abuse are being produced and distributed to pediatricians nationwide as a result of this program.



JOIN THE TEAM TO STOP DRUNK DRIVING

Mark Moseley
Redskins

Frank Johnson
Bullets

Al Bumbry
Orioles

Doug Jarvis
Capitals

- ✓ Know your own limits.
- ✓ Don't serve alcohol to underage drivers.
- ✓ Don't let a friend drive drunk.
- ✓ Report drunk drivers to the police.

WRAP
WASHINGTON REGIONAL
ALCOHOL PROGRAM

Peers.--Clearly of great influence in the development of a child's behavior and attitudes are his or her friends and peers. According to forum participants and most relevant scientific literature, youth attitudes towards alcohol and other drugs are also highly influenced by the attitudes and beliefs of their peers. In fact, the Rand study cites peer influence as one of, if not the most important influence on adolescent drug use. Unfortunately, this influence can be either positive or negative. As the Weekly Reader survey (appendix C) found, "other kids" become an increasingly important influence in "making drugs and drinking seem like fun" from fourth to twelfth grade. (See figure 4.)

According to several participants, a number of innovative and successful programs now in use are designed to use peers as a positive influence on their associates. For example, the Natural Helpers Program component of the Sumner Tobacco and Alcohol Risk Reduction (STARR) project 21/ follows this approach and is cited as a model program by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Ms. Liz Frausto, the STARR Project coordinator, and Mr. Clay Roberts, who also created this program, described it to the Forum participants. In operation for five years in secondary schools, it is now being introduced into junior high schools in the Sumner, Washington area. The thesis of the program is that, when kids need help or information about alcohol or other drugs, they usually talk to their friends, rather than the traditional "community alcohol center." The scope of the program is not limited to alcohol and drug issues, however. In a survey of students and staff, two basic questions are asked:

> 1. "Who would you turn to for help if you had a problem?" (Name two students and staff people.) 2. "What are the major problems in your opinion facing kids in the schools?" As a result of the major problems facing kids in each school are uncovered and a wide cross section of students are identified as potential natural helpers. The students finally selected as natural helpers receive two and one-half days of training at a special camp to learn helping skills, alcohol and drug information, and how to get resource help in their community. The program builds a network of fellow students who are educated and trained to help and influence their own friends and peers.

Mr. Roberts went on to describe how peers are effective in alcohol education. "We also found that the most effective communicators of these messages were not necessarily the classroom teacher ... we found that students working with students were often times more effective communicators of prevention messages than were teachers." Particularly effective are what he termed "cross age teachers."

> "... you take a group of senior high students who have been trained into a sixth grade classroom, when you show up, its like God just arrived on the scene. Sixth graders sit up, they take notice. They want to be like that high school student. And its a win/win proposition because the senior high student has to learn the skill in order to teach it to the sixth grade students...."

The National Federation of Parents for Drug-Free Youth has also actively sought to enlist youth in peer education through their REACH America (Responsible Educated Adolescents Can Help America) Youth Groups. Joyce Nalepka of the Federation indicated that the REACH America students must participate in a vigorous 18-hour seminar and pass a 130-question exam to qualify as peer leaders and educators for younger students.

21/ Ibid.

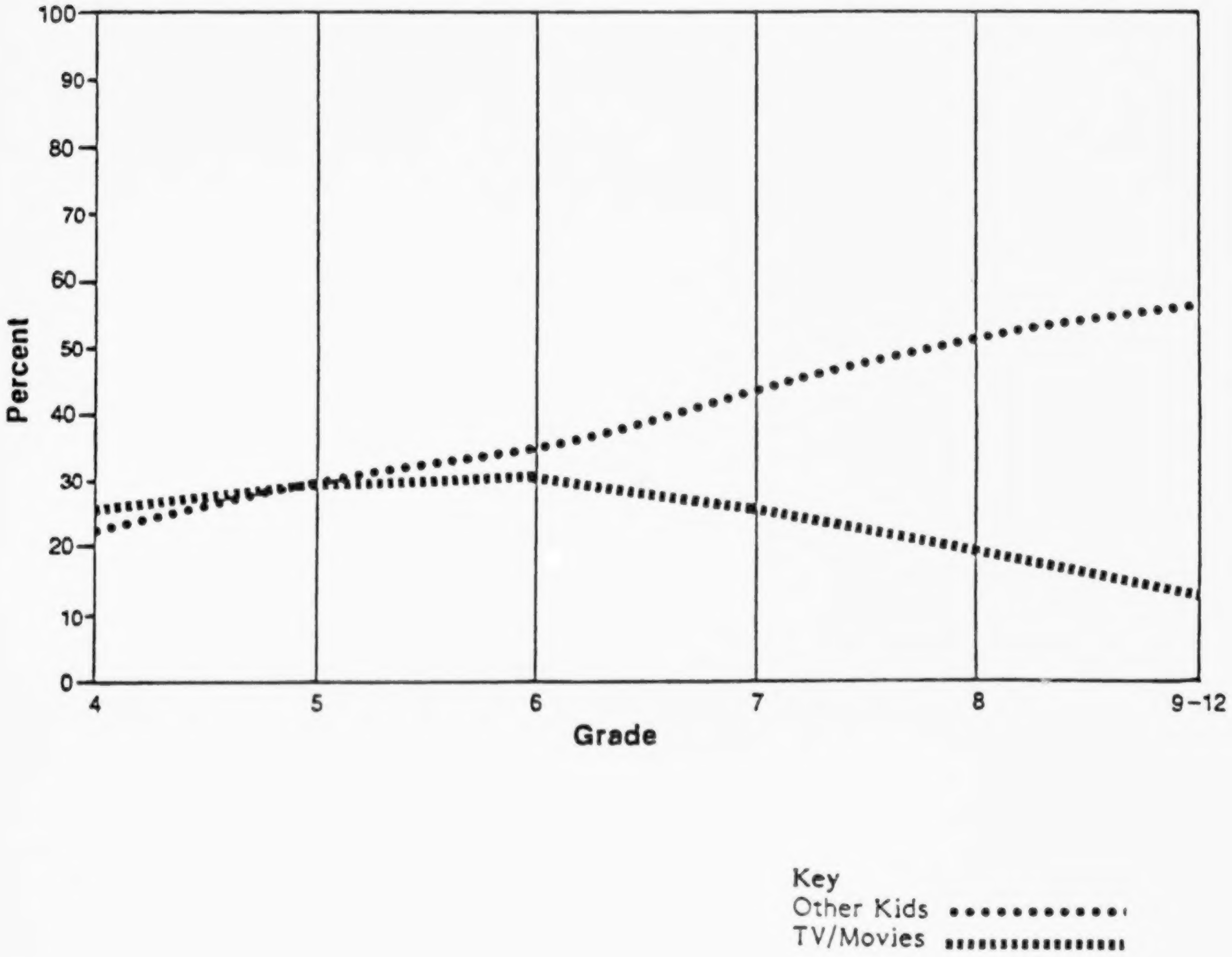


Figure 4.--Source of Information on Things that Make Drugs and Drinking Seem Like Fun. Percent Specifying as Primary Source (Weekly Reader Survey).

Judging from the success of peer group education programs reported by forum participants and in the drug (especially the antismoking) education literature, 22/ a growing number of educators and others of this field agree that peer (including cross-age) education programs should be a major component in any alcohol and drug education prevention program for youth.

The Media.—During the Safety Board's Alcohol and Drug Safety Education Public Forum, broadcast and other media practices were frequently criticized. A frequent comment was that the advertising of alcoholic beverages and the portrayal of alcohol use in television programming have contributed to the confusion adolescents report in trying to form their own attitudes toward the use of alcohol. Advocates of a clear "no use" policy by adolescents complained that the images and attitudes toward alcohol use presented on television in particular undermine their efforts to convince youth to abstain until they are legally entitled to drink alcoholic beverages.

Delegate Robert Kramer noted that TV may well be the single most common and persuasive source of health information for Americans. He went on to claim that:

> An average young person in this county by the time he or she graduates from high school will have seen 17,000 hours of TV versus 11,000 hours in the classroom. The average teenager today sees 3,000 drinking acts per year on TV. What's the message that comes across there? The message, I think, can be summed up by the movie Arthur and that is quite simply that you can drink, it's all right to drink. You can drink a lot, and that there are a very few negative consequences.... We have message(s) like you can only go around once in life ... get all the gusto you can. And most young people know these slogans and know them well. And this creates confusion. It creates a sense of ambiguity and lack of clarity.

Ms. Glenna Gundell of the PTA and Ms. Paula Roth of the National Council on Alcoholism noted that their groups shared Delegate Kramer's view of the current influence of TV and as a result have joined a current national movement, "Project Smart," which seeks either removal of alcohol advertising from TV and radio or compensatory "health message" advertising.

Another media practice drew criticism from Ms. Debbie Lantzy, President of Montgomery County (Maryland) SADD. She described a practice of local youth-oriented radio stations who promote "beer parties" at local bars or promote free shuttle bus service from a university to local taverns.

Community Groups and Religious Organizations.—The role of community groups in alcohol and drug prevention education has been addressed in previous sections of this report. Organizations with local chapters such as the National PTA, National Federation of Parents for Drug-Free Youth, Mothers Against Drunk Drivers, and Students Against Drunk Drivers, are all involved in state and local education and prevention efforts.

Delegate Robert Kramer, who is also an ordained Presbyterian minister, spoke of the need for all secular and non-secular organizations that convey moral and ethical standards to define a clear line of expected behavior for youth. However, in his view, "most churches don't deal with (the issue of) teenage drinking well." His perception is supported in the Xerox Weekly Reader Survey, which found that only 2 percent of fourth to eighth graders reported learning about the "dangers of drugs and drinking" in

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22/ Polick, Ellicken, Rauter, op. cit.

"church." 23/ Nevertheless, the participants in the Forum generally agreed that community and religious groups are vital components to alcohol and drug prevention programs.

What Is A Comprehensive Program?

The common view among Forum participants was that, to be effective, alcohol and drug safety education programs must be truly comprehensive. They must not only convey the information accurately and appropriately but must also involve all the groups discussed previously. In addition, such programs must integrate a number of concepts, including reinforcement of learning, the tailored approach (discussed earlier), and such concepts as the positive "pro-kid" philosophy, involvement of the education establishment, teacher training, and the "co-curricular" approach.

This philosophy is strongly expressed in the comprehensive report, "Prevention Plus: Involving Schools, Parents, and the Community in Alcohol and Drug Education," 24/ issued by the National Institute on Alcohol Abuse and Alcoholism:

> Unfortunately, studies suggest that without reinforced learning, attitudinal changes brought about by single alcohol courses are short-lived. Permanent changes in drinking attitudes, as well as a decreased incidence of drunken behavior, are long-term goals requiring sequential education over a period of years. Decreasing youthful drinking practices depends both on persistent learning experiences and meaningful change in community understanding of alcohol. . . . Because youthful drinking patterns are reflections of community and adult values and practices, the most effective educational approach will be a comprehensive program touching all possible segments of the community.

A consistent belief was also expressed, however, that there is no single or "best" way to involve each of these groups in a comprehensive alcohol and drug safety education program. Because the circumstances, environments, and problems vary from community to community, the participants held that the prevention education approach must necessarily also vary, i.e., a "tailored approach" is required. Dr. Carlton Turner stressed that:

> Program decisions should be based upon . . . what is best for that community . . . what works in that community. . . because the drug and alcohol problem in New York City is not the same as the drug and alcohol problem in Little Rock, Arkansas or Topeka, Kansas, or Seattle, Washington.

Most participants experienced in such undertakings agreed that obtaining the necessary support to begin and sustain the process of implementing an alcohol and drug education program in schools, homes, and the community, one which involves all the appropriate groups, is an exceedingly difficult task. Integrating the programs and activities of schools, the community, and parents so that they complement and reinforce each other is equally difficult. Forum participants were not able to provide a common formula or model by which these goals could be achieved, but rather suggested that a heuristic, empirical approach must be applied in each community.

23/ Weekly Reader Periodicals, op. cit.
24/ NIAAA: "Prevention Plus," p. 18.

In line with this approach, participants suggested several ways to coordinate the various elements necessary to achieve a successful program. In addition, they described the attributes of a successful program. The following section summarizes these suggestions and comments.

Positive Pro-kid Philosophy.—No matter which message a community selects, whether it be abstinence or responsible drinking, it is important that the overall philosophy of any program be "positive and pro-kid." As Delegate Robert Kramer expressed it:

> First of all, I think we need to see our efforts as . . . a pro-kid effort not an anti-alcohol or anti-drug effort. And I think this is a key to success. Just because of our concern for young people, not our hysteria about alcohol or other drugs that were taking this position. It's a positive, practical approach that tries to not waste our time pinning the tail on the donkey in terms of who is to blame -- law enforcement, the school, parents, and so forth.

Dr. Terry Borton of Xerox also stressed the importance of a positive approach and specifically the need to create a "pro-achievement school culture" and an understanding that alcohol and drug use inhibits achievement:

> The schools these days are bent on achieving excellence as well they should be. They have not, however, sufficiently understood the degree to which their achievement objectives are being undercut by the epidemic of drugs and drinking.
>
> We believe that being anti-drugs and drinking, and being pro-achievement are and should be linked together. To some extent this can be done through curriculum materials as we have tried to do. But to be fully successful, these attitudes need to be made part of the fundamental culture of the school. That takes more than curriculum. It takes events that galvanize the school and make positive values visible and a source of pride.

Dr. Borton continued by proposing a dramatic "No To Drugs, Yes To Our Best" campaign, which he believes would help elicit the pro-achievement culture in schools:

> To understand the reason that we think this is important, you have to understand the culture of the school. It's a very isolated culture. Each class is off by itself. Very little interaction in the school itself and so it's hard for kids to get a sense of what the school feels is important.
>
> So what we would propose is an event, a campaign, that tries to overcome [the isolation] . . . .
>
> . . . drugs and to take advantage of the fact that young kids are opposed to drugs and to try and make peer pressure a positive social force. What we are talking about is a coordinated campaign that will be conducted with many groups. A school would receive printed materials and campaign guidelines, notices of associated TV programs, and so forth.

> [The] campaign would be conducted school-wide but especially in the lowest grades, K-4. Stressing the theme of "No To Drugs, Yes To Our Best." And at the end of the campaign, the kids in the youngest grades, K-4, would receive a pledge card.
>
> And then every year you repeat [the] campaign, move it up a grade, so that you build up steam and rather than taking the approach, which is the common one now, [of] trying to deal with drugs from the top down, we start at the bottom where we've got things going for us, and we push drugs out of the schools step by step, grade by grade, with a program that lets kids see that they themselves are opposed to drugs in the school.

As discussed earlier, the conference participants were unanimous in their view that any comprehensive programs must begin with the youngest students. With the average age of the first use of alcohol at 12, Forum participants agreed with the prevention research cited previously that the appropriate knowledge, attitudes, and refusal skills must be formed before this age. Dr. Borton expressed his view this way:

> First and most important, start young. Given the pattern of data we have seen, it seems essential to teach about drugs and alcohol in the primary grades. That is when school commands maximum respect, when children are generally anti-drugs and drinking, and when peer culture is relatively weak. We have been developing programs for grade two and we have touched on the subject as low as kindergarten.

Clay Roberts, in seconding this point, characterized programs that start as late as junior and senior high school levels as merely "remedial alcohol education."

Education Establishment Involvement.--A number of Forum speakers discussed the role, relationship, and importance of the "educational establishment" to successful in-school alcohol and drug education programs. Many elements of the "educational establishment" were addressed, ranging from school boards and classroom teachers to the producers of textbooks. The overriding point made was that, without the active involvement of the "establishment," even the most well conceived programs will not be implemented or sustained.

Dr. Ken McPherson, nationally known alcohol-education expert, employed the term "street programs" in describing the programs developed outside a school system and the disadvantages of such programs, based upon his own extensive experience.

> . . we feel we have certain disadvantages in implementing the programs since we are not an education agency . . . . We're also at a disadvantage because we're what people in education refer to as a 'street program.' We're on the outside looking in. Education people are accustomed to generating their own program activities, identifying their own needs; and we're bringing a program in from the outside. We are one of hundreds. . . of people trying to do the same thing.

To overcome this disadvantage, he suggested "getting the schools to buy into the program, get them to say it's theirs, let them institutionalize it and let them be responsible for the implementations." Dr. McPherson also stressed that full, state-wide implementation of a program requires total support from the state education agency.

The Fairfax County (Virginia) school system avoided the disadvantages of "street programs" by developing their own comprehensive grades 1-12 "Substance Abuse Prevention Program." Ms. Beatrice Cameron, Fairfax County's Assistant Superintendant for Student Services and Special Education, described the process of program development in Fairfax County and emphasized that achieving the support and commitment of the superintendent and school board is the "... key to an effective program." To achieve the broad-based political support for creating their program,

> The Superintendent (William Burkholder) appointed an ad hoc advisory committee on substance abuse composed of parents, school staff members, and representatives of community groups. He charged the committee to re-examine every aspect of their previous program and to make recommendations for strengthening and improving our substances abuse efforts.

The key role and importance of State Boards of Education in alcohol safety education was clearly described by Ms. Joanne Goldsmith, past-President of the National Association of State Boards of Education (NASBE) and current member of the Maryland State Board of Education. According to Ms. Goldsmith, 49 States have Boards of Education responsible for setting educational policy. Their specific duties include establishing standards for instruction and student performance, textbook selection, graduation requirements, and teacher certification. The NASBE began the "Alcohol Education Guidelines Project" in 1982 to assist State board members in dealing with youth and alcohol issues and to promote the incorporation or expansion of alcohol education in school curricula.

Ms. Goldsmith stated her belief that "the two main ingredients necessary to realizing and sustaining an effective and comprehensive alcohol education program are "community participation and State leadership support." Support of the State education leadership is also important, she suggested, "to insure the most comprehensive programs and to promote the stability of the programs over time."

Reacting to the problems inherent in trying to gain acceptance of outside or "street programs" into schools, Dr. Terry Borton suggested an alternative strategy -- one that uses the existing educational system:

> . . . Rather than invent new systems, try to find the existing systems and use them -- the Weekly Reader is one example that's been around for generations. . . . The heart of the system is contained in the standard curricula, in the standard practices of teachers. . . .

The way to penetrate this standard curriculum and these standard practices with alcohol safety information, Dr. Borton suggests, is to work with the publishers of the textbooks and materials employed in these curricula.

> There is no reason in the world that the various groups here can't work with those people to develop curriculum, and get it down to the system. . . . If ways could be found to build some of the knowledge that's around into the base curricula, I think that the vocal groups would have a lot easier time connecting with the schools. They wouldn't be perceived by the schools as quite so foreign.

The best contact point for textbook and educational material publishers is the Association of American Publishers, according to Dr. Borton.

Integrating Material in the School Curricula.—One of the principal techniques to gain acceptance is to design programs that are, as Sam Yaksich put it, ". . . easily integrated into existing curricular area(s) and . . . not requiring extraordinary amounts of time from an already over-stressed educational curriculum." His programs for AAA Foundation for Traffic Safety uses this "co-curricula" approach and are also designed to adapt to a particular teacher's style, he stated. Ms. Diane Menie, Vice President of FLI Learning Systems, Inc. (publishers of alcohol education materials) endorsed the co-curricular designs, but added that, "Scheduling class time for alcohol education is not as big a problem as many assume." Ms. Menie claimed that while time is still a problem, a number of states mandate a certain number of hours for alcohol and drug education. "The time already exists. It's coming up with something to fill the time." At the elementary levels, Ms. Menie noted,

> It is our experience that teachers will schedule in pre-packaged, easy-to-use materials that appeal to them. That's the key here. At the upper levels, although alcohol abuse certainly is relevant in driver education, health, social studies and history classes, a dedicated pre-packaged curriculum seems to be the most practical to implement.

Teacher Training.--"Programs are only as effective as the teachers who teach them" was the general sentiment of all Forum participants. Teacher training was considered a critical component of any comprehensive program. However, teacher training, in whatever format it is provided, was also identified as one of the major barriers to program implementation. Diane Menie stated the problem as follows:

> Sometimes it can be a huge road block in getting programs into the schools. Programs that require a day or days of in-service training are a financial and logistical problem for school districts.
>
> Teachers are taken off the job and substitutes must be paid. Quite often programs that are chosen are too complex and cannot be taught without intensive in-servicing. Therefore, only those school districts who can arrange the in-servicing can receive the program . . . .
>
> In-servicing, in many cases, especially when run by outside groups, is an expense in addition to the cost of materials.

Reinforcing her earlier point on "pre-packaged" programs, Ms. Menie suggested that using self-explanatory, self-contained, and easy-to-implement programs is one way to reduce the requirement for teacher training. Her own program, she said, uses this approach along with short orientation workshops.

The principal way to reduce the in-service training load on teachers which was suggested by Ms. Menie and seconded by Dr. Monica Homer: of Adelphi University was to improve pre-service training.

> Teaching about alcohol education is extremely important at the college level. Students learning to be teachers. . . that's where you can lay the groundstones so that whenever you go in with the message about a particular program, you won't have to start at ground zero. So get them at the college level and then it will be an easier time getting them to accept these programs once they are in the school systems.

Suggestions as to how to get this training into college curricula, however, were not discussed by the participants.

Current Programs.—Throughout the two days of the Forum, information about a number of exemplary school community programs was presented. Many of these programs use approaches and techniques consistent with those recommended in the Rand study and by the many experts who attended the Forum. The Safety Board was fortunate to have the creators and administrators of several of these programs present. (Elements of these programs, such as "Here's Looking at You, Two" and the AAA programs have been discussed in previous sections of this report.) Several of the most comprehensive school and community programs discussed at the Forum are summarized below. Those readers interested in finding out more about these and other programs are encouraged to contact the program representatives listed in appendix D, or to obtain a copy of the excellent resource guide, "Prevention Plus: Involving Schools, Parents and the Community in Alcohol and Drug Education," 25/ which contains a detailed description of a number of model programs evaluated by the NIAAA.

The STARR Project.—The STARR Project was described to the Forum's participants by Ms. Liz Frausto, Coordinator of the Sumner Tobacco and Alcohol Risk Reduction (STARR) Project, and Mr. Clay Roberts, President of Roberts, Fitzmahon, and Associates, developer of the "Here's Looking at You, Two" K-12 curriculum. STARR was begun as the result of a grant from the Centers for Disease Control as a risk reduction/health promotion project to reduce problems young people have with alcohol and other drugs.

The STARR Project involves four major components designed to complement and reinforce each other:

1. Classroom: "Here's Looking at You, Two" curriculum for K-12 classroom alcohol and drug education;
2. Parent Education: "The Family Interaction Programs";
3. Early Intervention: "The Natural Helpers Program"; and
4. Community Prevention: five community based prevention approaches.

The school component of the STARR Project, "Here's Looking at You, Two," has been described earlier. (See "The Educational Message.") Its basic philosophy is that the incidence of alcohol and drug problems among young people will decrease if youths have a greater degree of self-esteem; are better able to cope with life's problems; have current facts about alcohol, other drugs, and chemical dependency; and are more skilled at handling interpersonal relationships. 26/

The Family Interaction Program is designed to encourage families to create a team approach with schools--working together and using the same prevention concepts, approaches, and terminology. The program trains parents to conduct prevention activities with their elementary and junior high school age children.

The Natural Helpers Program, described previously (Who Should Deliver the Messages?), seeks to identify and train people including peers, who are already credible sources of assistance to young people needing help with alcohol, drugs, and other problems.

25/ Ibid.
26/ Ibid.

Finally, the STARR Project uses five community-based prevention approaches.

1. Alternatives to alcohol and other drugs: Based upon surveys of youth interests, a series of "Natural Highs" activities and events are held to give young people alternatives to drug use.
2. Positive Role Models: For youth in grades 4-8, Super-STARR's prominent local heroes, athletes, etc. work with classroom teachers in conducting presentations and discussions for students.
3. Vendor Education: Project staff train and work with local alcohol and cigarette vendors to reduce sales to minors.
4. Mass Media: Through a quarterly newsletter and local media, the STARR Project works to heighten community awareness and encourage parent and community involvement in prevention activities.
5. Law Enforcement: Project staff cooperates with local law enforcement agencies to deter drinking and driving by young drivers.

Preventing Alcohol Abuse - FLI Learning Systems Inc.--A second program, "Preventing Alcohol Abuse," is a three-level (elementary, junior, senior high) curriculum designed to be either a stand-alone curriculum unit or integrated into the language arts, health, or math curriculum. The three learning units include:

1. "Too Much of Anything Is No Good" (elementary level) presents information on the harmful effects of excessive alcohol use.
2. "Consider the Consequences" (junior high) teaches students the physical, emotional, and psychological effects of alcohol abuse; the impact of abuse on themselves, their families, and their peers; and coping skills.
3. "Responsible Decisions" (senior high) focuses on the facts about drunk driving, its legal consequences, and the development of responsible attitudes toward alcohol use or non-use after reaching the legal drinking age.

AAA Foundation for Traffic Safety.--The AAA Foundation K-12 alcohol education curriculum consists of three components: "Starting Early" (K-6, elementary level), "AL CO HOL" (junior high), and "Alcohol Countermeasures" (high school driver education). Extensive audiovisual materials accompany each curriculum package.

1. "Starting Early" (K-6 curriculum) teaches children about the choices involved with alcohol and highway safety. Developed through a grant from the Metropolitan Life Foundation, this curriculum now includes ten "trigger films" designed to supplement discussions including:
   - "It's Your Right to Say No" - saying no to alcohol and drinking and driving
   - "Do We Or Don't We"; "Anything To Be A Big Boy"; and "Him Or Me"- peer pressure and drinking behavior

- "Hidden Dangers" - effects of alcohol and social attitudes
- "Alcohol-The Unlabeled Drug" - physical effects of alcohol
- "Froggy And Do Do Help At A Wedding" - safe and unsafe use of alcohol by adults
- "It Is Time To Stop Pretending"; "Should He Tell" - problems faced by children of alcoholics.

2. "AL CO HOL" addresses drinking and driving situations that junior high students might experience. Class members work as teams to role-play, play games, form discussion groups, and complete homework assignments.

3. "Alcohol Countermeasures For High School Driver Education" presents specific objectives - informational, attitudinal and behavioral - to help students reduce their chances of becoming involved in driving while intoxicated situations. The curriculum encourages students to make "mature and responsible decisions" about drinking and driving.

Fairfax County (Virginia) Substance Abuse Prevention Program.—The Fairfax County Substance Abuse Prevention Program contains grades 1-12 health educational curricula, uniform enforcement and intervention procedures, awareness and prevention training for school staff members, as well as parent and community education activities.

The major components of the Fairfax County program include:

1. "Ready, Set, Go for Good Health" (grades 1-6) covers: The dangers of self-medication; substance abuse versus use; effect of alcohol on the body; decision making; effects of peer pressure, etc.;
2. "Hurdling the Barriers to Wellness" (grades 7-8) addresses the physiological and psychological effects of alcohol, tobacco, and drugs; peer pressure, decision making skills; positive alternatives to substance abuse;
3. "Setting the Pace: Wellness and Life-Style" (grade 9) discusses the nature of alcohol as a drug, its behavioral effects; costs of alcohol abuse; nature and impact of drugs on traffic safety; legal responsibilities, driving while intoxicated, insurance, etc.; and
4. "Alcohol Drugs and Driving" (grade 10) includes chemical dependency; legal implications of alcohol, tobacco, and drug use; adolescent stress and coping strategies; and recognizing indicators of alcohol and drug problems.

All programs components are based upon four objectives:

- The teaching of credible information about potentially harmful substances and their effects on total wellness;
- The development of effective communication skills;

- The improvement of the student's self-image; and
- The teaching of problem-solving skills which will result in students having the ability to make informed choices and responsible personal health decisions.

Traffic Accidents and Trauma.—Maryland's Traffic Accidents and Trauma (TAT) program is a unique blend of trauma professionals (physicians, nurses, emergency medical technicians, etc.), school professionals (teachers, administrators), students, and community members who work together to reduce traffic accidents involving alcohol and to provide safety belt educational programs in schools and for community and parent groups.

REACH America.—The National Federation of Parents for Drug-Free Youth has developed the REACH America (Responsible Educated Adolescents Can Help America) program designed to train young people as peer leaders and educators for younger students.

Program Evaluation

The absence of rigorous scientific evaluations of many alcohol education and prevention programs was a recurring theme in Forum discussions. Participants generally agreed that good, comprehensive alcohol and safety education programs must be evaluated and should contain built-in evaluation components to allow periodic assessments of program effectiveness.

As Dr. Niven (Director of the National Institute for Alcohol Abuse and Alcoholism) stated:

> . . . whatever educational activities we implement I would urge us strongly to build in a very strong evaluation component to them. This is indeed a major problem. It's going to require major resources, both personnel and fiscal resources, if we're going to conquer it in this country, and we can't afford to waste either the personnel or the fiscal resources on continuing programs that we don't know work. And in order to implement those positive programs, we need to research them so that we know that they are indeed having a positive and a long lasting effect.

Mr. Sam Yaksich noted that his AAA programs are pilot tested to demonstrate significant knowledge and attitude gains prior to being released to schools. However, he claimed that the demonstration of significant behavioral changes by students requires sophisticated longitudinal studies that are not possible for many program designers or school districts.

Mr. Clay Roberts mentioned several times the need to encourage "empirically based, empircally tested, and empirically proven" programs. He went on to question, however, whether the state-of-the-art for program evaluations is what it should be. What is needed according to Mr. Roberts, is for the NIAAA to examine the state-of-the- art in prevention research and to work "to improve the quality of the evaluations as well as the quality of the programs."

Mr. Bob Denniston, Director of the Division of Prevention and Research Dissemination of the NIAAA, responded that a research conference was planned by his agency "to set-up . . . minimal criteria for how to go about evaluating (prevention programs)."

Mr. Roberts continued with a criticism of the way information on effective programs and program evaluations is disseminated:

> I believe that there's a body of information out there. A body of knowledge that's beginning to accumulate but I don't think the technology transfer's what it should be. It sits in Federal institutes and places where those of us who are out in the field don't have access to it, so we need to get that technology transferred more effectively.

Program Costs and Resources

Of the many recurring themes in the Forum discussions, the issue of the financial costs of and resources available for alcohol and safety education programs predominated.

Mr. William Butynski, Executive Director of the National Association of State Alcohol and Drug Abuse Directors, Inc. placed the economic issue in perspective:

> . . . in terms of economic costs . . . alcohol abuse (in all areas) costs $116.7 billion. . . . For other drug abuse--$59 billion. Now, let's look at the other side of the equation--what we are doing about it. . . .I think and a number of others in the field of prevention believe we could devote at least 1 percent of what the problem is to prevention. We're not even close to that.
>
> Today, we are probably expending $150 to $300 million for prevention programs. That's totally insufficient when you look at the magnitude of the problem (relative to) what we are doing today in prevention.

Forum participants detailed the need for resources at all levels of government--Federal, State, and local--and in all program areas from program design to implementation.

Ms. Diane Menie of FLI Learning Systems discussed how the lack of sufficient funding inhibits dissemination of programs and went on to describe bureaucratic problems in the use of Federal grant funding for prevention programs:

> On a local level--there is little or no money available except in areas where parents have mobilized and raised funds for education materials.
>
> On a State and Federal level--State Departments of Education have little or no funds for alcohol materials. Although many departments have developed their own written curricula, they can buy audio/visual programs only with Federal alcohol drug or Highway Safety monies through State grants.
>
> From our experience, it seems that Federal Alcohol and Drug monies have dried up. However, Highway Safety dollars still exist and are the only source of alcohol education funds in many States.

> However, in too many States, [Section] 402 (Federal Highway Safety grant) funds are spent almost exclusively in enforcement and/or public information areas to the exclusion of education. In still other states, the Offices of Highway Safety are willing to spend money in education but have problems getting an agency, usually the Department of Education, to implement the programs.
>
> In many States where [Section] 402 money is available, there are too many agencies involved in the program selection process. In many places it's the Health Departments, Departments of Education, both health and driver education divisions, counsels on alcoholism, volunteer groups, MADD, SADD, RID, (Remove Intoxicated Drivers) etc., prevention agencies, mental health centers, etc. All extremely important groups. Unfortunately, although almost all are professionals in the field of alcohol education, few seem to agree on what types of programs are best for the schools. And we've heard that earlier today.
>
> In these states as with the states mentioned up above, quite often the Office of Highway Safety has backed away from dealing with the education issue at all. That's why they put money into enforcement and public information rather than go to the schools.

Ms. Menie offered three recommendations to address the funding problems she identified:

> Number one, mandate that a certain percentage of [Section] 402 funds be spent on alcohol traffic safety education. Like the 2 percent required to be spent on child restraint projects. This would not require any additional funds. Just a reorganization of [Section] 402 priorities within States.
>
> Number two, suggest that each State set up a limited review panel to select alcohol education programs. The panel would also design an implementation system that would be run by one agency.
>
> Number three, encourage private industry to donate funds for alcohol education. Especially those involved in the alcohol industry. There is already an example of that in the beer industry. They make a lot of money from profits. Why not take some of that money and put it where it should be put-- in alcohol education? Put it in our programs that they have not designed, programs that were designed by educational professionals.

There are numerous national, State, and local organizations involved with educational policy and resource issues, and several were represented at the National Transportation Safety Board Forum. One organization which might become more involved in the issue of alcohol and drug education resources is the Education Commission of the States (ECS).

The purpose of the ECS is "to help governors, State legislators, State education officials, and others develop policies to improve the quality of education at all levels." Serving primarily as an advisory body, ECS conducts policy research, surveys, and national forums; provides technical assistance to individual States and groups of leaders; suggests policy alternatives and makes recommendations; and maintains a clearinghouse of information about State policies, proposals, legislation, statistics, and research findings. Each State is represented by seven voting commissioners, including the governor and members of the State legislature.

The Federal Role

While a clear message came forth that alcohol and drug education programs must be locally directed and locally focused, the participants also agreed that there are critical roles for Federal agencies in alcohol/drug education. However, criticisms of past and current Federal efforts were also voiced.

Participants from all levels -- Federal, State, and local government and private sectors alike -- agreed that Federally mandated and prescribed programs are not desirable, appropriate, or necessary. The President's Special Assistant for Drug Abuse Policy, Dr. Carlton Turner, supported this view in very direct language: "I do not propose nor will support the Federal government by saying, 'This is the way it's done.'"

Support was expressed for the efforts of the Federal government, from the President and the First Lady to the various Federal agencies, to publicize the danger of drug abuse and keep this issue before the public. The Federal role in disseminating accurate and consistent information, nationwide, is a vital one according to Forum participants.

Delegate Robert Kramer approved of the trend he sees in Federal support for parents' views in alcohol drug information campaigns and policy:

> Obviously in the area of education and information, I think it's vital-- I think we've seen a real change in the last three or four years. Where, for instance, at the Federal government we've had an increasing focus on making sure that our information about drugs and alcohol is . . . up to date. . . . I think increasingly, we've been concerned and therefore we've seen more of a focus-- that the message that the government gives out backs up, if you want, the concerns of parents out there rather than perhaps even undermining them. In other words, if a parent is saying 'I don't believe there's any such thing as responsible drinking for you, my fifteen-year-old,' and then the fifteen-year-old picks up a pamphlet that talks about when you drink, drink responsibly, and know your limit-- that's a confusing, conflicting message. And we've had far too much of that in the past ten years when it comes to alcohol education and alcohol prevention programs.
>
> So I think it's the reliability of information. I think we need to see the role of government as a supportive role to that community stance and that parental stance.
>
> . . . the Government isn't the one that is going to solve this problem or is going to set those lines. Or set that standard. It's going to be the community. It's going to be the parents. But the government should be supporting that.

Criticisms of Federal activities and policies often included claims of inadequate Federal funding for alcohol and drug prevention efforts. Diane Menie, echoing a number of participant's views, observed, "Federal alcohol and drug monies have dried up." As noted in a previous section, she claimed that the only source of Federal funds for alcohol and drug education is Highway Safety funds, which are subject to many competing safety interests (such as law enforcement, occupant restraint programs, etc.) (However, NHTSA representatives suggested that some States were opting to develop their own materials rather than purchase more expensive commercial products.) According to the NIAAA, its support for curriculum development (the Prevention Demonstration Grants Program) was discontinued in 1982. States can now, however, allocate a portion of their NIAAA block grant money to alcohol education programs. In fact, Congress has mandated that 20 percent of the alcohol/drug block grants be set aside for prevention activities. The NIAAA also continues to support program evaluation research in this area.

Sam Yaksich expressed concern that there is a bias against funding privately developed programs: "Federal agencies generally are not quick to support programs developed by private agencies without any government funding." Although he did say that his programs are now receiving interest from the NHTSA and NIAAA, he commented, "I do not believe that we've ever had a single contact from the U.S. Department of Education demonstrating any interest in this subject. I'm not sure they feel they have any role in this educational effort."

The U.S. Department of Education 27/ was the focus of a number of criticisms from participants. In addition to Mr. Yaksich's comment, Dr. Terry Borton expressed frustration in his past efforts to contact the Department to determine what their alcohol and drug programs were. He went on to suggest, however, that the Department of Education would be the most appropriate Federal agency to work with educational publishers toward integrating alcohol and drug information into textbooks. In addition, the Commission on Excellence, an arm of the National Institute of Education (which is part of the Department of Education), should, Dr. Borton asserted, give more attention to "the relationship between drug problems that kids have and achievement of excellence."

Clay Roberts was particularly vocal in his criticisms of the Department of Education, even suggesting that the Safety Board "chastise" the Department for its past policies:

> I think the Department of Education in this whole area of drug abuse prevention, rather than taking a leadership role--which I think it should have taken a long time ago--[should] cooperate with NIAAA, NIDA, . . . and the Department of Transportation and others. [It] has declined to do that and it's gone in this direction for several years--a direction that I think many of us in the field have found fairly unproductive--and I think this is an opportunity to call to their attention that what we need here is a team effort and they are certainly an important part of the team if we talk about drug abuse prevention.

Mr. Roberts suggested that the Department of Education could be particularly useful to prevention practitioners in the area of "technology transfer":

> Let me just clarify my point--my point was not that we should invite the Department of Education in and have them begin developing new programs--that was not my point.

27/ The Department of Education was invited to attend the NTSB Forum, but declined to participate pending review of their alcohol and drug policies by the new Secretary of Education.

> My point was that the Department of Education has contacts and access to systems that I don't see represented here and I think that if we are really trying to impact students -- K-12 -- that it would be nice to look at them as one way of disseminating what we have learned in the field--the issue of technology transfer, which was one that I spoke on yesterday.
>
> So, I am not suggesting that we invite them in and ask them to start designing programs too, but to take the information that we know now and help us disseminate it to school people so that it reaches school children.

Ms. Karen Gubatosi, a youth program specialist with the National Highway Traffic Safety Administration, spoke in support of the Department of Education and it's "School Team Approach" [to prevent alcohol and drug abuse] Program (see appendix F for details):

> We have a very good relationship with the Department of Education and one of their model programs is outstanding. Their school team approach is probably . . . providing the training and the community involvement that we think is ideal. . . .They make sure there's a commitment from five members [of a school] --they train those five members--you cannot participate without the full support of your school system--that's your principal, your superintendent, and your community leaders; and they engage in a seven-day training program--they come back and they are, in fact, knowledgeable and help provide the information and support of their school systems.
>
> I think the Department of Education certainly has an excellent program and that it's not a question of willingness to cooperate, but really, again going back to how do we get people to work together and who is working together?

The "School Team Approach" program has, according to its Director, Myles Doherty, trained more than 5,000 resource "Teams" in the 12 years the program has operated. Operating with an annual budget of $3 million dollars, the program is currently working with approximately 600 school systems nationwide.

Aside from the call for increased Federal funding for alcohol and drug prevention programs, Forum participants, particularly State and local practitioners, felt that the most important role the Federal government should undertake is the collection and dissemination of alcohol and drug information and programs.

Lou Herzog, representing Mothers Against Drunk Drivers, began an extended discussion with the following question:

> Is there some way, at the national level or some level, we could have a clearinghouse of information on education and educational types of programs that are available, so that when someone starts looking into it, at least they have some place that they can start and dig it out?

Robert Denniston from the NIAAA responded by briefly describing his agency's National Clearinghouse for Alcohol Information, which collects and disseminates information on alcohol - related subjects. While the thrust of NIAAA's program has since

1981 been more towards biomedical research, he said his agency does have some research findings in the evaluation of educational programs. NIAAA does not, however, routinely collect educational curricula and programs from across the country.

Chairman Jim Burnett asked the participants whether there is a need for a more comprehensive clearinghouse and if the NIAAA or some other organization should operate it. The ensuing discussion suggested that the NIAAA clearinghouse was excellent but needed expansion. Sam Yaksich spoke in support of the clearinghouse at NIAAA, calling it the "best one available." He also suggested that it needs to be broadened beyond its present scope. Robert Denniston responded that the clearinghouse is not as comprehensive as they would like, mainly due to budget cuts, but that improvements are being made.

Dr. Leroy Dunn, NHTSA's education expert, agreed with Mr. Yaksich that "there should be some type of a comprehensive clearinghouse that includes all of the [education/prevention] programs that we know of." He reminded the audience of his agency's responsibility to identify State and local programs that affect young persons as future drivers.

Dr. Monica Homer strongly supported the need for a clearinghouse and emphasized that each program included should provide information on any evaluations performed on it.

Clay Roberts offered several suggestions on how information should be organized and presented by a clearinghouse:

> As a consumer at the local level, working with local school districts, one of the concerns that I have about the clearinghouse is that the way material is presented could be more effective. That is, what we really need in the field is almost a Consumer's Report format on the clearinghouse, which gives programs and may have categories like is it multi-ethnic, is there any data that supports this program, or what's the target audience, where has it been implemented?
>
> Those kinds of things would be really helpful, and I'm not asking for a rating that says this is the best one, as Consumer's Report does it, but if there were criteria established to organize and categorize programs, it would make it much easier for those of us at the local level to view these at the local level, when we are trying to implement programs and make some decisions in their best interests.
>
> I think that I would support yesterday's contention that each community needs to take a look at their needs and make some selections. But, it makes it real difficult when you get the material and it isn't complete
>
> and doesn't give you a good picture. So, you would have to order all of this material in order to do just an initial review to sort out those that look more promising than others. And, I think that the clearinghouse could be more helpful in that particular way.

SUMMARY

Over the two full days of the National Transportation Safety Board Public Forum on Alcohol and Drug Safety Education, the major issues in alcohol and drug safety education were discussed by prominent experts in these and related fields. Educators, Federal, State, and local officials, and representatives from parent and student groups attended. In discussing the content of an effective program, participants were divided as to the general message that is appropriate. While one group advocated a strict "hands-off" alcohol philosophy for youth, others were for teaching a "responsible use" approach. Whatever their philosophy on content, participants agreed that, to design effective programs, a number of issues must be considered, and they must be considered as parts of a whole process. Such issues include identifying and training teachers and counselors, including classroom teachers and members of the peer group; beginning the program as early as kindergarten and tailoring the lesson to the age group; and integrating the information and materials into the school's curricula. Several participants summarized programs now in use, such as the STARR Project in Washington and the Substance Abuse Prevention Program in Virginia. Finally, the problem of funding and defining the Federal role in such programs were issues that generated considerable discussion.

In hosting this Public Forum, the National Transportation Safety Board has sought the wisdom and expertise of experts and citizens to help us address the alcohol/drug related transportation safety problems of the future. It is the Board's hope that our nation's long-term strategy to reduce transportation accidents will include an effective nationwide prevention program designed to educate our youth to the dangers of alcohol and other drug abuse. The prevalence of alcohol and other impairing drug use in all modes of transportation and the serious safety consequences which result demands no less an effort. Though the benefits of an effective prevention program to transportation safety are the Board's primary concern, it is mindful that a wider societal benefit would, hopefully, also result.

CONCLUSIONS

The following conclusions are drawn from and based on the information presented at the NTSB Public Forum on Alcohol and Drug Safety Education and associated research. It is the Board's belief, after a thorough review of the proceedings, that these conclusions represent a consensus of the many experts, practitioners, and citizens who participated in the Forum.

1. Research indicates widespread alcohol and other drug use among American youth.

2. According to Forum participants, the attitudes and prevalence of drinking among American youth, even at elementary school age, indicate the pressing need for comprehensive alcohol and drug safety education programs from kindergarten through the twelfth grade and beyond.

3. Prevention research in the area of anti-smoking indicates that certain prevention and education approaches can significantly reduce smoking by adolescents. Limited evidence from selected alcohol and drug prevention programs using these approaches suggests that their wider application to other alcohol and drug safety education programs is warranted.

4. There is a broad consensus among experts that alcohol and drug safety messages should be tailored to the age groups and maturity level of students.

5. There are divergent points of view among alcohol and drug education experts and parents group concerning which message should be conveyed to youth regarding alcohol use--"abstinence" or "responsible use." While no one advocated under-age use, some Forum participants felt that prevention programs which teach youth to make "responsible use" decisions (when of age) may convey tacit approval of underage use of alcohol.

6. The majority of Forum participants believe that prevention programs should teach young people decision making skills, coping skills, and techniques on how to say "no" to alcohol and other drugs.

7. While alcohol and drug education will likely remain primarily in our schools, Forum participants unanimously agreed that the active participation of parents, other role models, peers, the media, and community groups is critical to the success of prevention programs.

8. Because of the tremendous influence of parents on youth attitudes and beliefs regarding alcohol use, Forum participants stressed the need for parents to become much more involved with their children's education in this area.

9. Classroom teachers continue to serve as the primary alcohol and drug educators for our youth. Therefore, there is a critical need, according to Forum participants to improve the alcohol and drug pre-service and in-service training of all teachers. A number of participants stated their belief that not all teachers are appropriate or effective for teaching alcohol education and that schools should be more selective in choosing teachers for this subject.

10. The use of "cross-age teachers," i.e., specially trained older students for instructing younger peers, has been a successful practice in several States. Peer education programs should be a major component in any alcohol and drug education program for youth.

11. Forum participants believe that the effectiveness of single alcohol courses is transitory at best. Permanent changes in drinking attitudes and alcohol-related problem behaviors will require along with other factors, coordinated sequential education from kindergarten through the twelfth grade.

12. Because youthful drinking patterns reflect community and adult values and practices, the most effective educational approach will be a comprehensive program involving all possible segments of the community.

13. Because practices, environments, and problems vary from community to community, Forum participants held that the preventional education approach must be "tailored" or varied to meet community needs and circumstances.

14. The educational "establishment" -- schoolboards, administrators, classroom teachers, textbook publishers, etc. -- need to become more actively involved and "institutionalize" alcohol and drug education programs. Programs developed and promoted by interests outside the school system are less likely to be included in the school curriculum and classroom.

15. A number of exemplary alcohol and drug safety programs and materials are in place throughout the U.S. Forum participants indicated that there is a great need to improve efforts to disseminate information regarding these programs and materials to all States.

16. Participants in the NTSB Public Forum were unanimous in recommending that a Federal alcohol, drug, and safety information clearinghouse be created to collect and disseminate information on alcohol and drug safety education curricula, programs, and materials. The U.S. Department of Education, NIAAA, NIDA, the Public Health Service, and NHTSA should be jointly involved in the operation of this clearinghouse.

17. Few alcohol and drug safety education programs have undergone vigorous scientific evaluations. New as well as existing programs should include a strong evaluation component. Increased Federal support for programs evaluation was recommended.

18. Forum participants emphasized the critical need for increased program resources at all levels of government - Federal, State, and local - and in all program areas from program design to implementation to evaluation.

19. According to several participants, the Federal Highway Safety Grant Program (Section 402) is one of the few sources of funds for alcohol/drug curriculum support available, but is generally allocated to law enforcement or areas other than alcohol education. Other Federal funding sources, such as NIAAA, NIDA, and the Department of Education, have "dried up," according to some participants.

20. Participants believed that increased private sector support for alcohol and drug safety education programs should be solicited.

21. There was widespread agreement among those attending the Forum that Federally mandated and prescribed programs are not desirable, appropriate, or necessary.

22. Most educators attending the Forum believed that appropriate Federal agencies, including the Commission on Excellence (a part of the Department of Education), should give more attention to the relationship between adolescents' alcohol and other drug problems and academic achievement.

RECOMMENDATIONS

As a result of the Public Forum on Alcohol and Drug Safety Education, the National Transportation Safety Board made the following recommendations:

--to the U.S. Department of Education:

> In conjunction with the Department of Health and Human Services (NIAAA, NIDA, U.S. Public Health Service) and the Department of Transportation (NHTSA), create a national clearinghouse for alcohol and drug safety education programs, curricula, and related information. (Class II, Priority Action) (I-86-01)

Coordinate an interdepartmental effort to evaluate Federal, State and local alcohol and drug sasfety education programs. (Class II, Priority Action) (I-86-02)

--to the Departments of Health and Human Services and Transportation:

Assist the Department of Education in the creation of a national clearinghouse for alcohol and drug safety education programs, curricula and related information. (Class II, Priority Action) (I-86-03)

BY THE NATIONAL TRANSPORTATION SAFETY BOARD

/s/ JIM BURNETT
Chairman

/s/ PATRICIA A. GOLDMAN
Vice Chairman

/s/ JOHN K. LAUBER
Member

March 28, 1986

APPENDIXES

APPENDIX A

NTSB PUBLIC FORUM SCHEDULE 41

National Transportation Safety Board

Safety Information

Washington, D.C. 20594

3/7/85

NTSB PUBLIC FORUM ON ALCOHOL/SAFETY EDUCATION

Capitol Holiday Inn
550 C Street, S.W.
Washington, D.C. 20024

Monday, March 11, 1985

9:00 Opening Remarks: Jim Burnett, Chairman, National Transportation Safety Board

9:15 Dr. Carlton Turner, Special Assistant to the President for Drug Abuse Policy

9:30 National Institute for Alcohol Abuse and Alcoholism: Dr. Robert Niven, Director

9:45 National Highway Traffic Safety Administration: Mr. George Reagle, Associate Administrator for Traffic Safety

10:00 Delegate Robert G. Kramer, Maryland House of Representatives

10:15 National Commission Against Drunk Driving: Mr. V. J. Adduci, Chairman

10:30 Break

10:45 Mothers Against Drunk Driving: Mr. Jerald S Sachs, MADD Board of Directors; President, Capital Centre; Mr. Lou Herzog, Northern Virginia MADD

11:00 National Federation of Parents for Drug-Free Youth: Ms. Joyce Nalepka, President

11:15 Xerox Education Publications (Weekly Reader): Dr. Terry Borton, Editor-In-Chief

11:30 Maryland Institute for Emergency Medical Services Systems: Dr. R Adams Cowley, Director

National Public Services Research Institute: Dr. Kenard McPherson, Director

12:00 Lunch

1:00 The National PTA: Mrs. Glenna Gundell, Chairman, Drug and Alcohol Abuse Program

1:15 Iowa Highway Patrol: Michael Gilbert, Trooper

1:30 FLI Learning Systems: Mr. Grey Jones, Jr., President; Ms. Diane Menie, Vice President, Marketing

2:00 Students: Ms. Debbie Lantzy

2:30 AAA Foundation for Traffic Safety: Mr. Sam Yaksich, Jr., Executive Director

Adelphi University: Dr. Monica Homer, Professor

3:00 Fairfax County, Virginia School System: Ms. Beatrice Cameron, Assistant Superintendent for Student Services and Special Education; Mr. Dennis Nelson, Substance Abuse Coordinator; Mr. Bill Savage, Program Specialist for Health and Driver Education

3:15 Break

3:30 Prince Georges County, Maryland: Ms. Martha Aly, Substance Abuse Coordinator

Montgomery County, Maryland: Ms. Carol Giannini, Substance Abuse Coordinator

4:00 Roberts, Fitzmahan and Associates: Mr. Clay Roberts, President STARR Project: Ms. Liz Frausto, Project Coordinator

4:30 National Council on Alcoholism: Ms. Paula Roth, Director, Prevention and Education

4:45 American Driver and Traffic Safety Education Association: Dr. William Cushman, Executive Director

5:00 National Association State Boards of Education: Ms. Joanne Goldsmith, Past-President

5:30 Adjourn

APPENDIX B

OPENING STATEMENT OF NTSB CHAIRMAN BURNETT

-GOOD MORNING ... AND WELCOME TO THE NATIONAL TRANSPORTATION SAFETY BOARD'S PUBLIC FORUM ON ALCOHOL AND DRUG ABUSE EDUCATION.

I'M NOT GOING TO WASTE WORDS THIS MORNING. I WOULD SIMPLY LIKE TO GO DIRECTLY TO THE POINT BECAUSE THE BUSINESS AT HAND -- IN MY OPINION -- IS CRUCIAL.

ALCOHOL AND OTHER DRUG ABUSE IN THE NATION'S SCHOOLS HAS BECOME A FESTERING SOCIAL PROBLEM THAT TOUCHES HUNDREDS OF THOUSANDS OF AMERICAN STUDENTS -- MANY OF THEM STILL PRE-TEENAGERS. WORSE, THE PROBLEM IS GROWING.

SOME OF YOU IN THIS AUDIENCE -- PARTICULARLY THE TEACHERS -- NEED NO ONE TO REMIND YOU OF THE SCOPE OF THIS CANCER --

YOU SEE IT EVERY DAY IN THE CLASSROOM. YOU KNOW THE VICTIMS PERSONALLY -- THEY ARE NOT STATISTICS TO YOU, BUT PEOPLE YOU CARE ABOUT WHO ARE PUTTING THEIR LIVES AT RISK -- OFTEN TIMES SIMPLY BECAUSE THEY DO NOT UNDERSTAND THE RISK.

THE PURPOSE OF THIS FORUM IS TO TRY TO DO SOMETHING ABOUT THE PROBLEM. MORE SPECIFICALLY, TO FASHION A LONG-TERM ALCOHOL AND DRUG EDUCATION PROGRAM THAT WILL BEGIN IN OUR NATION'S KINDERGARTENS AND CARRY THROUGH TO THE STUDENT'S HIGH SCHOOL GRADUATION DAY.

I, FOR ONE, AM CONVINCED THAT EDUCATION IS THE WEAPON -- AND PERHAPS THE ONLY ONE -- THAT IS CAPABLE OF MORTALLY WOUNDING THE DRUG ABUSE MENACE. I'M NOT TALKING ABOUT SPORADIC, ILL-CONCEIVED, LOW PRIORITY EDUCATION PROGRAMS --

I'M TALKING ABOUT SOMETHING THAT CAN BE BUILT ON YEAR AFTER YEAR -- JUST AS WE NOW DO FOR THE TRADITIONAL READING, WRITING AND ARITHMETIC PROGRAMS.

THE NEED FOR THIS TYPE OF PROGRAM IS URGENT. I SAY THAT BECAUSE AS CHAIRMAN OF THE NATIONAL TRANSPORTATION SAFETY BOARD I SEE THE RESULT OF NOT HAVING ONE.

I SEE IT IN AVIATION WHERE TEN PERCENT OF THE FATAL GENERAL AVIATION ACCIDENTS -- AND SEVEN TO EIGHT PERCENT OF ALL COMMUTER AND AIR TAXI FATAL CRASHES ARE ALCOHOL RELATED.

I SEE IT IN RAILROADING WHERE JUST SINCE JUNE OF 1982 THE BOARD HAS INVESTIGATED FOURTEEN ACCIDENTS THAT SHOWED CREW INVOLVEMENT WITH DRUGS OR ALCOHOL.

I SEE IT IN RECREATIONAL BOATING WHERE UP TO SEVENTY FIVE PERCENT OF THE BOATING DEATHS WERE ALCOHOL RELATED.

AND, MOST PARTICULARLY, I SEE IT IN THE HIGHWAY MODE WHERE FIFTY FOUR PERCENT OF THE FATALITIES ARE ALCOHOL RELATED. THAT PERCENTAGE FIGURE TRANSLATES INTO 23,500 FATALITIES A YEAR. BUT WITHIN THAT STATISTIC IS STILL ANOTHER -- ONE THAT DRAMATIZES THE SIZE OF THE YOUTH INVOLVEMENT IN THIS PROBLEM. THAT STATISTICS IS THIS:

TWENTY PERCENT -- ONE FIFTH -- OF THE DRIVERS INVOLVED IN ALCOHOL-RELATED FATAL ACCIDENTS WERE UNDER TWENTY ONE.

YET THIS SAME GROUP OF DRIVERS MAKE UP ONLY EIGHT PERCENT OF THE LICENSED DRIVERS AND DRIVE ONLY NINE PERCENT OF THE TOTAL VEHICLE MILES. THIS REPRESENTS MORE THAN A 100 PERCENT OVER INVOLVEMENT IN ALCOHOL-RELATED FATAL ACCIDENTS BY DRIVERS UNDER TWENTY ONE.

FOR THOSE OF YOU WHO HAVE BECOME HARDENED TO STATISTICS, THERE IS THIS GRIM STATEMENT OF FACT:

BETWEEN THE AGES OF 16 AND 24, THE SINGLE GREATEST CAUSE OF DEATH IS AN ALCOHOL-RELATED HIGHWAY ACCIDENT. NOT CANCER, NOT HEART FAILURE, BUT ALCOHOL-RELATED HIGHWAY ACCIDENTS.

AT THE SAFETY BOARD WE'VE MADE EASING THE THREAT FROM ALCOHOL AND OTHER DRUGS A TOP-RANKED PRIORITY. WE HAVE -- THROUGH OUR SAFETY RECOMMENDATIONS -- BEEN IN THE FOREFRONT OF A CAMPAIGN TO RAISE THE DRINKING AGE TO TWENTY ONE.

WE HAVE SUPPORTED STRICTER ENFORCEMENT OF THE DRUNK DRIVING LAWS.

WE HAVE URGED THE ESTABLISHMENT OF CITIZEN PROGRAMS TO REPORT DRUNK DRIVERS.

WE HAVE CALLED FOR TOUGHER PENALTIES FOR THOSE FOUND GUILTY OF DRUNK DRIVING.

WE HAVE SUPPORTED THE NEED FOR MORE PROGRAMS TO EDUCATE JUDGES IN THE COMPLEXITIES OF THIS PERVASIVE SOCIAL PROBLEM.

THIS APPROACH IS FINE AS FAR AS IT GOES -- BUT IT DOESN'T GO FAR ENOUGH.

NONE OF THESE RECOMMENDATIONS GETS TO THE DRUG AND ALCOHOL ABUSER EARLY ENOUGH. THE DRUNK DRIVER ... THE DRUG OR ALCOHOL-IMPAIRED AIRMAN OR RAILROADMAN ARE GENERALLY MATURE ADULTS "LEARNING AS THEY GO" ABOUT HOW DRUGS AFFECT THEIR PERFORMANCE AT THE WHEEL OR AT THE THROTTLE.

WHAT I WOULD LIKE TO SEE COME OUT OF THIS PUBLIC FORUM ARE RECOMMENDATIONS THAT WOULD START INDIVIDUALS LEARNING ABOUT THE RISKS IN DRUG USE AS EARLY AS POSSIBLE -- AND MOST CERTAINLY LONG BEFORE THEY GET BEHIND THE WHEEL OF A CAR, OR TAKE OVER THE THROTTLE OF A 100-TON TRAIN LOADED WITH HAZARDOUS MATERIALS.

AM I OVER DRAMATIZING THE PROBLEM? IS IT HYPERBOLE TO DESCRIBE A DRUG ABUSER IN THE CAB OF A LOCOMOTIVE PULLING A STRING OF TANK CARS LOADED WITH HAZARDOUS MATERIALS?

IT ISN'T. QUITE THE CONTRARY IT IS DOCUMENTED FACT. LET ME GIVE YOU JUST ONE EXAMPLE THAT OCCURRED IN 1982, IN LIVINGSTON, LOUISIANA, A SMALL TOWN EAST OF BATON ROUGE. IN THE EARLY MORNING HOURS OF SEPTEMBER AN ILLINOIS CENTRAL GULF FREIGHT TRAIN DERAILED, SCATTERING 43 CARS FILLED WITH TOXIC OR FLAMMABLE MATERIALS ALONG THE RIGHT-OF-WAY. TWENTY OF THESE CARS EITHER BREECHED OR WERE PUNCTURED, DUMPING MORE THAN TWO HUNDRED THOUSAND GALLONS OF TOXIC CHEMICALS ONTO THE GROUND, AND TRIGGERING FIRES THAT DESTROYED OR DAMAGED NINETEEN BUILDINGS.

MIRACULOUSLY, NO ONE WAS KILLED, BUT THREE THOUSAND PERSONS WERE EVACUATED FROM THE AREA -- SOME AS LONG AS TWO WEEKS. THE DAMAGE ALONE WAS ESTIMATED AT MORE THAN FOURTEEN MILLION DOLLARS.

WHAT CAUSED THE ACCIDENT? THE SAFETY BOARD CONCLUDED THAT THERE WERE A NUMBER OF FACTORS. THIS INCLUDED THE FAILURE OF A WORN AIR HOSE THAT INITIATED AN EMERGENCY BRAKE APPLICATION, AND THE FAILURE OF THE PERSONS AT THE TRAIN CONTROLS TO RESPOND PROPERLY TO THAT APPLICATION.

BUT WHAT ABOUT THE CREW? WHAT CONDITION WERE THEY IN? WELL, OUR INVESTIGATION SHOWED THAT THE ENGINEER HAD CONSUMED AT LEAST FOURTEEN TO SIXTEEN OUNCES OF 86-PROOF BOURBON WHISKY DURING THE FIVE AND ONE-HALF HOURS PRECEDING THE ACCIDENT. HIS BLOOD LEVEL AT THE TIME OF THE ACCIDENT WAS APPROXIMATELY POINT ONE NINE PERCENT -- NEARLY DOUBLE WHAT IS CONSIDERED TO BE LEGAL INTOXICATION IN MOST STATES. AS FOR THE BRAKEMAN, THE BOARD BELIEVED HE CONSUMED AT LEAST NINE OUNCES OF LIQUOR DURING THE SAME PERIOD.

THAT'S NOT THE END OF THE STORY, HOWEVER. BEFORE REPORTING FOR DUTY, THE BRAKEMAN AND ENGINEER WERE JOINED AT THEIR MOTEL BY A RAILROAD CLERK. SHE WAS OPERATING THE TRAIN AT THE TIME OF THE DERAILMENT!

WHERE DO THESE DRUG ABUSERS FROM FROM? WHY DO THEY UNDERSTAND SO LITTLE ABOUT THE EFFECTS OF ALCOHOL AND OTHER DRUGS?

THE ANSWER COULD BE THAT FOR MANY OF THEM, THEY SIMPLY NEVER GOT AN EXPLANATION -- NO EFFECTIVE DRUG ABUSES EDUCATION. FOR MANY OF THOSE WHO WERE TOLD, OBVIOUSLY, THE EXPLANATION WAS NOT EFFECTIVE -- IT DID NOT DISSUADE THEM FROM USE, OR EXPERIMENTATION.

NOW, I REALIZE THAT I'M SIMPLIFYING WHAT IS A TERRIBLY COMPLEX PROBLEM. MANY CASES OF DRUG ABUSE HAVE A MULTIPLICITY OF CAUSES -- SOCIAL, ECONOMIC, PSYCHOLOGICAL.

BUT THIS DOESN'T LESSEN THE URGENT NEED A FOR LONG-RANGE EDUCATIONAL SOLUTION TO CURB THOSE YOUTHS WHO SIMPLY ABUSE DRUGS OUT OF NO OTHER REASON THAN IGNORANCE.

TO PUT IT ANOTHER WAY, THE SCHOOL SYSTEM IS WHERE DRUG ABUSE OFTEN BEGINS. NOT BECAUSE IT IS A SCHOOL SYSTEM, BUT BECAUSE IT IS WHERE OUR YOUTH SPEND A GOOD DEAL OF TIME.

LET'S TAKE JUST A MINUTE HERE TO LOOK AT THE FIGURES ON ALCOHOL ABUSE AMONG SENIOR HIGH SCHOOL STUDENTS:

-- OVER 1.6 MILLION -- OR NEARLY 15 PERCENT OF THEM ARE ESTIMATED TO HAVE BEEN HEAVY DRINKERS ON A WEEKLY BASIS.

-- OVER 3 MILLION -- OR ABOUT 27 PERCENT --ARE ESTIMATED TO BE SIMPLY WEEKLY DRINKERS.

-- AND MORE THAN 6.8 MILLION -- OR 62 PERCENT -- ARE ESTIMATED TO HAVE BEEN MONTHLY DRINKERS.

IN THE LOWER GRADES, THE STATISTICS ARE EQUALLY AS GRIM. ALMOST TEN PERCENT OF THE SIXTH GRADERS HAVE TRIED ALCOHOL. BY THE NINTH GRADE, OVER HALF OF THE STUDENTS HAVE TRIED IT.

NOW, THAT IS THE SIZE OF THE PROBLEM. WHAT CAN BE DONE ABOUT IT?

FIRST, WE WANT YOU TO DISCUSS PLANS AND PROGRAMS -- TO EXAMINE MODEL KINDERGARTEN THROUGH THE TWELFTH GRADE ALCOHOL EDUCATION PROGRAMS.

ALONG WITH THAT, WE WANT YOUR IDEAS ON COMMUNITY ALCOHOL EDUCATION PROGRAMS. AND FINALLY WE WANT YOU TO DISCUSS HOW YOUR IDEAS CAN BE IMPLEMENTED ... AND HOW THE SAFETY BOARD CAN DEVELOP RECOMMENDATIONS TO BOTH GOVERNMENTAL AND PRIVATE AGENCIES WHO MAY HOLD THE KEY TO TURNING YOUR IDEAS INTO REALITY.

THIS IS A LARGE ORDER, I KNOW. BUT WE DIDN'T BRING TOGETHER A GROUP OF THIS CALIBER BECAUSE WE EXPECTED YOU TO SAY IT CAN'T BE DONE.

THANK YOU.

APPENDIX C

WEEKLY READER STUDY OF CHILDREN'S ATTITUDES AND PERCEPTIONS ABOUT DRUGS AND ALCOHOL

Conducted By

The Weekly Reader Periodicals of

Xerox Education Publications

In Cooperation With

The Drug Abuse Policy Office, Office of Policy Development
The Alcohol, Drug Abuse, and Mental Health Administration
The Johnson Institute
The National Federation of Parents for Drug Free Youth
The National Institute of Drug Abuse

Weekly Reader Publications, 245 Long Hill Road, Middletown, CT
06457 (203) 347-7251

METHODOLOGY

- Surveys were distributed in Weekly Reader Periodicals, grades 4 through 12, to 3,700,000 students.
- Teachers administered the surveys and tallied the results for their classes.
- Approximately 15,000 tally sheets, representing 500,000 children were received.
- A sample of 600 tally sheets per grade (representing 101,000 students) was selected randomly for analysis from those sent in. Grades 9-12 were treated as a group and all usable forms sent in were tabulated, as fewer students use the periodicals at these grades.
- Since the resulting sample was skewed from a representation of the population by a variety of factors, it was mathematically weightd to better reflect the actual population. The basis of weighting was:

  Geographical Region, and Urban/Suburban/Rural: Weighted to reflect the total population distribution as of 1980, according to the U.S. Census data.

  Grade: Weighted to reflect the actual 1980 school population, by grade.

  Boys/Girls: Not weighted. Actual was 51% boys; 49% girls.

- Major results are summarized on the following pages. Detailed tables of results are appended. All figures are percentages, calculated by dividing the results to each question by the total number of responses to the survey. Consequently, when a question was not answered by some students, or when there were multiple answers, the answers may not total 100 percent.
- A more detailed analysis including a breakdown for grades 4-8 by geographical region, urban/suburban/rural, and boys and girls, is also appended.

N DISTRIBUTION
Total N = 101,000

Area	Actual Count	Unweighted Percent	Weighted Percent
Urban	17,465	17	61
Suburban	37,005	37	12
Rural	46,923	46	26
Region			
Undefined*	51	0	--
New England*	5,744	5	6
Mid Atlantic	15,991	16	16
E. N. Central	26,233	26	18
W. N. Central	17,162	17	8
S. Atlantic	10,361	10	16
E. S. Central	5,811	6	7
W. S. Central	6,848	7	11
Mountain	5,784	6	5
Pacific	7,442	7	14
Grade			
4	12,717	13	20
5	12,870	13	20
6	15,602	15	20
7	24,501	24	20
8	23,867	24	20
9-12	11,840	12	--

*Combined under New England for analysis purposes.

UNITED STATES

NORTHEAST

New England
- Maine
- New Hampshire
- Vermont
- Massachusetts
- Rhode Island
- Connecticut

Middle Atlantic
- New York
- New Jersey
- Pennsylvania
- Delaware*

NORTH CENTRAL

East North Central
- Ohio
- Indiana
- Illinois
- Michigan
- Wisconsin

West North Central
- Minnesota
- Iowa
- Missouri
- North Dakota
- South Dakota
- Nebraska
- Kansas

SOUTH

South Atlantic
- Maryland
- District of Columbia
- Virginia
- West Virginia
- North Carolina
- South Carolina
- Georgia
- Florida

SOUTH CENTRAL

East South Central
- Kentucky
- Tennessee
- Alabama
- Mississippi

West South Central
- Arkansas
- Louisiana
- Oklahoma
- Texas

WEST

Mountain
- Montana
- Idaho
- Wyoming
- Colorado
- New Mexico
- Arizona
- Utah
- Nevada

Pacific
- Washington
- Oregon
- California
- Alaska
- Hawaii

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*In census information Delaware is listed in the South Atlantic region, but since both Delaware and Pennsylvania have the same zip code, they are combined for this analysis in the Middle Atlantic group.

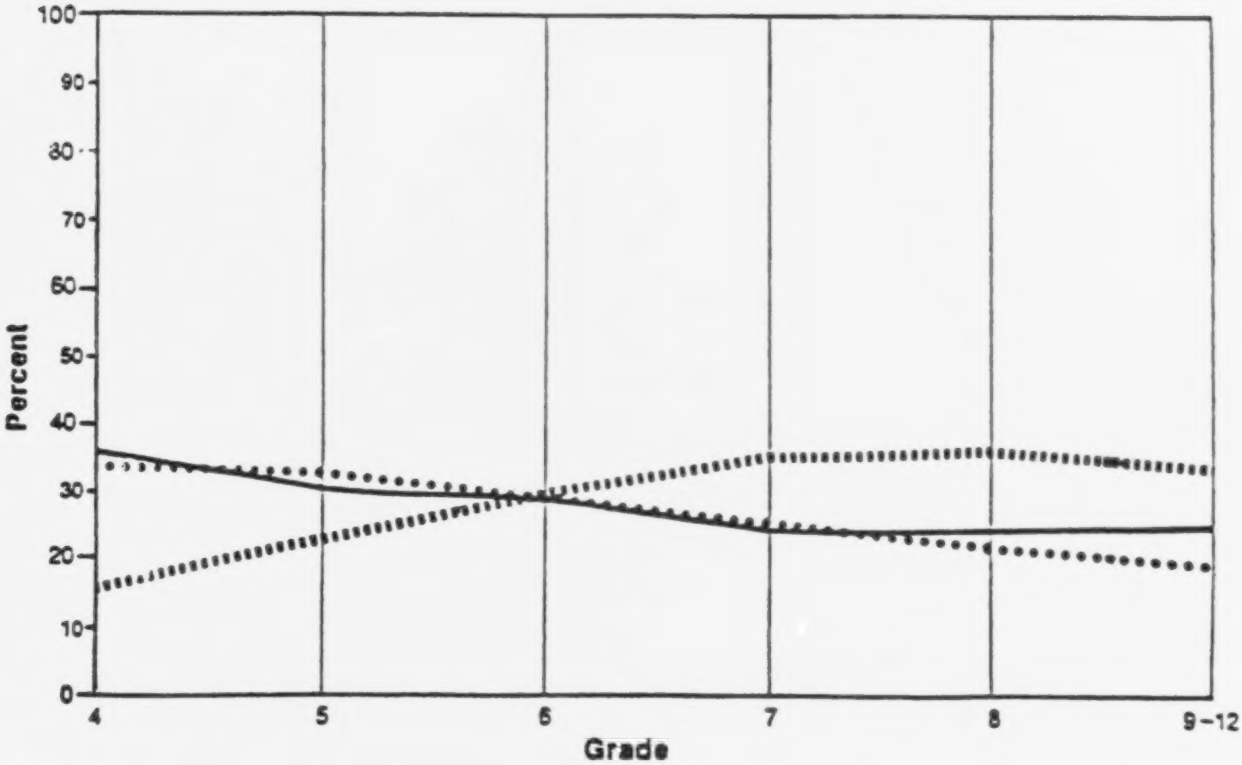
CAUTION

THIS SURVEY IS A READERSHIP OPINION POLL, NOT A RANDOM SAMPLE OF THE POPULATION. RESULTS HAVE BEEN WEIGHTED TO BE REPRESENTATIVE OF THE POPULATION, BUT THEY SHOULD BE TREATED AS INDICATIVE OF GENERAL TRENDS, RATHER THAN AS PRECISE STATISTICS.

IN SEVERAL QUESTIONS, STUDENTS ARE REPORTING THEIR PERCEPTION OF THE ACTIONS "OF KIDS YOUR AGE." NOTE THAT IN THESE QUESTIONS STUDENTS ARE NOT REPORTING ON THEIR OWN BEHAVIOR, BUT WHAT THEY BELIEVE TO BE HAPPENING AMONG OTHER STUDENTS.

Survey Question
Where have you learned the most about the dangers of drugs and drinking?

Answer Summary
In fourth and fifth grade, students say they learn the most about the dangers of drugs and drinking from family and TV/movies. In 7th grade and up, school is the most common source of such information.



Source of Information on Dangers of Drugs and Drinking. Percent Specifying as Primary Source.

Key
School ▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪▪
TV/Movies ———————
Family ••••••••••••••

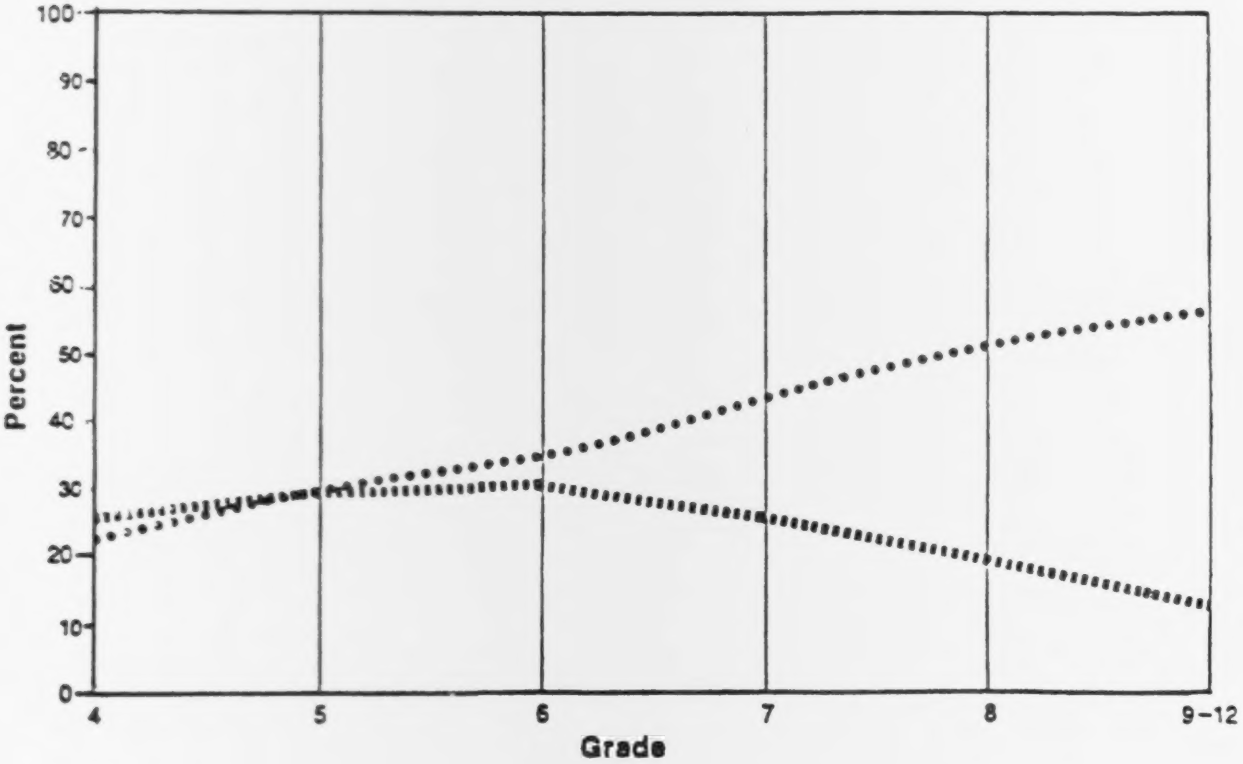
2

Survey Question

Where have you learned the most about things that might make drugs and drinking seem like fun?

Answer Summary

From fourth grade through high school, "other kids" become an increasingly important influence in making drugs and drinking seem like fun, while the other major influence, "TV/movies," declines in importance with age.



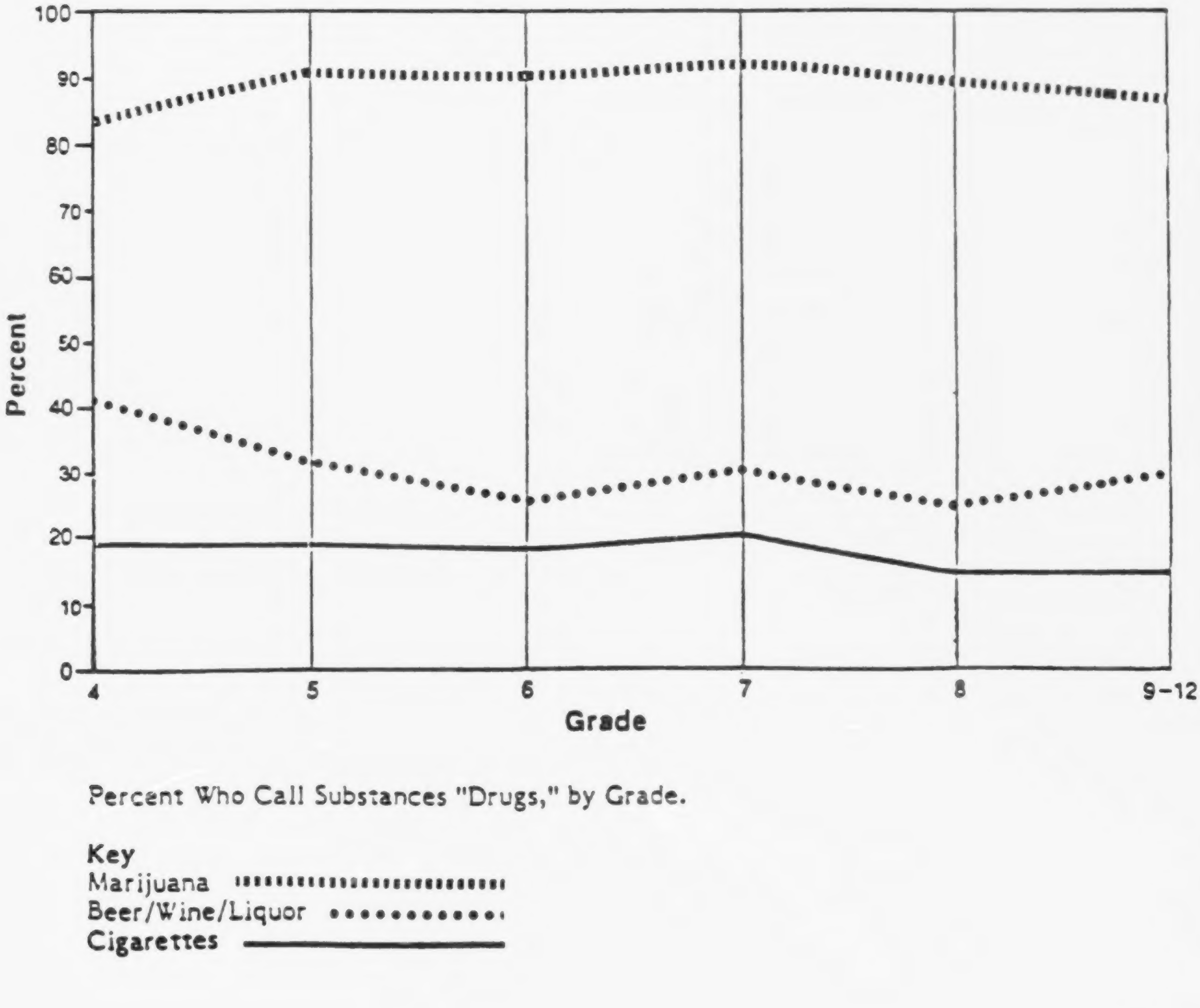
Source of Information on Things that Make Drugs and Drinking Seem Like Fun. Percent Specifying as Primary Source

Key
Other Kids ••••••••••••
TV/Movies ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

3

Survey Question
Which of these do you think should be called "drugs"? Cigarettes; Beer, wine/liquor; Marijuana (grass or pot)

Answer Summary
Marijuana is considered a drug by almost all students at all grade levels; alcohol and cigarettes much less so.



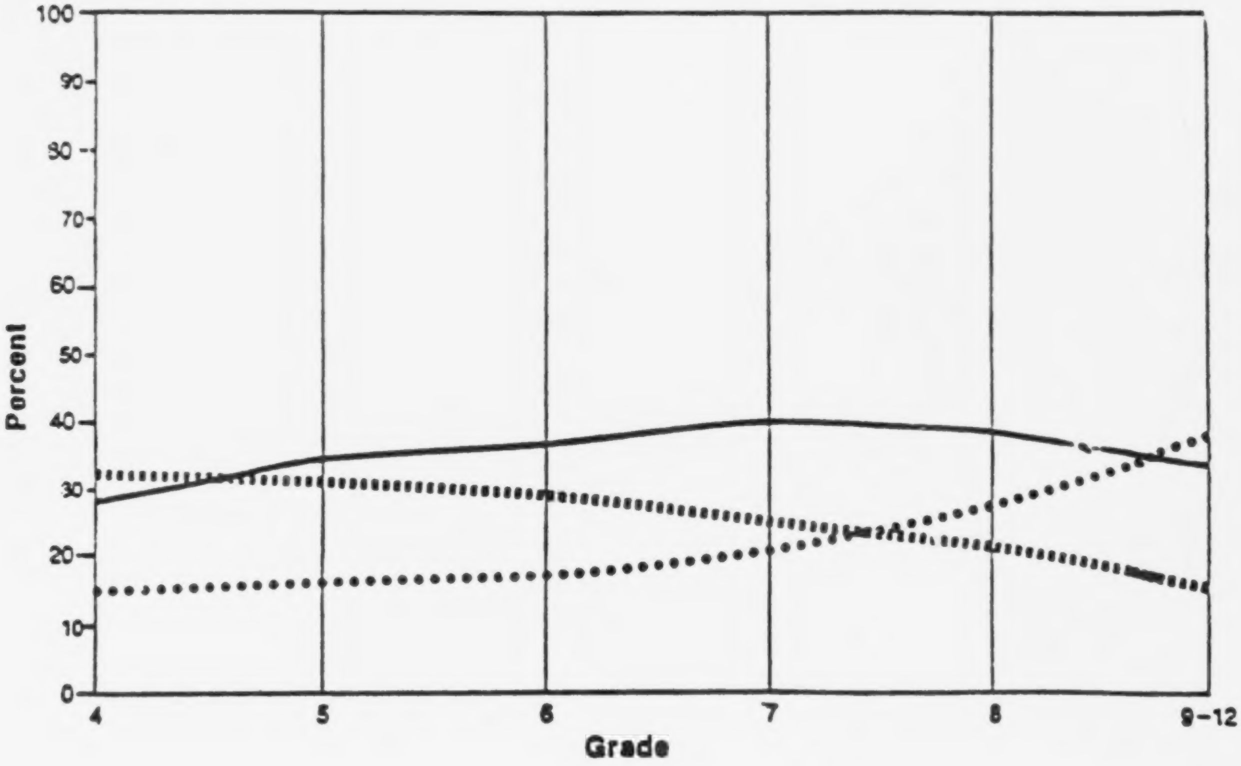
Percent Who Call Substances "Drugs," by Grade.

Key
Marijuana ||||||||||||||||||||||||||||
Beer/Wine/Liquor ••••••••••••
Cigarettes ————————

4

Survey Question
What is the main reason you think kids start to use beer, wine, or liquor?

Answer Summary
"Feeling older" and "Fitting in with other kids" are the main reasons fourth through seventh graders think kids start using alcohol. By high school, "Having a good time" becomes the major reason.



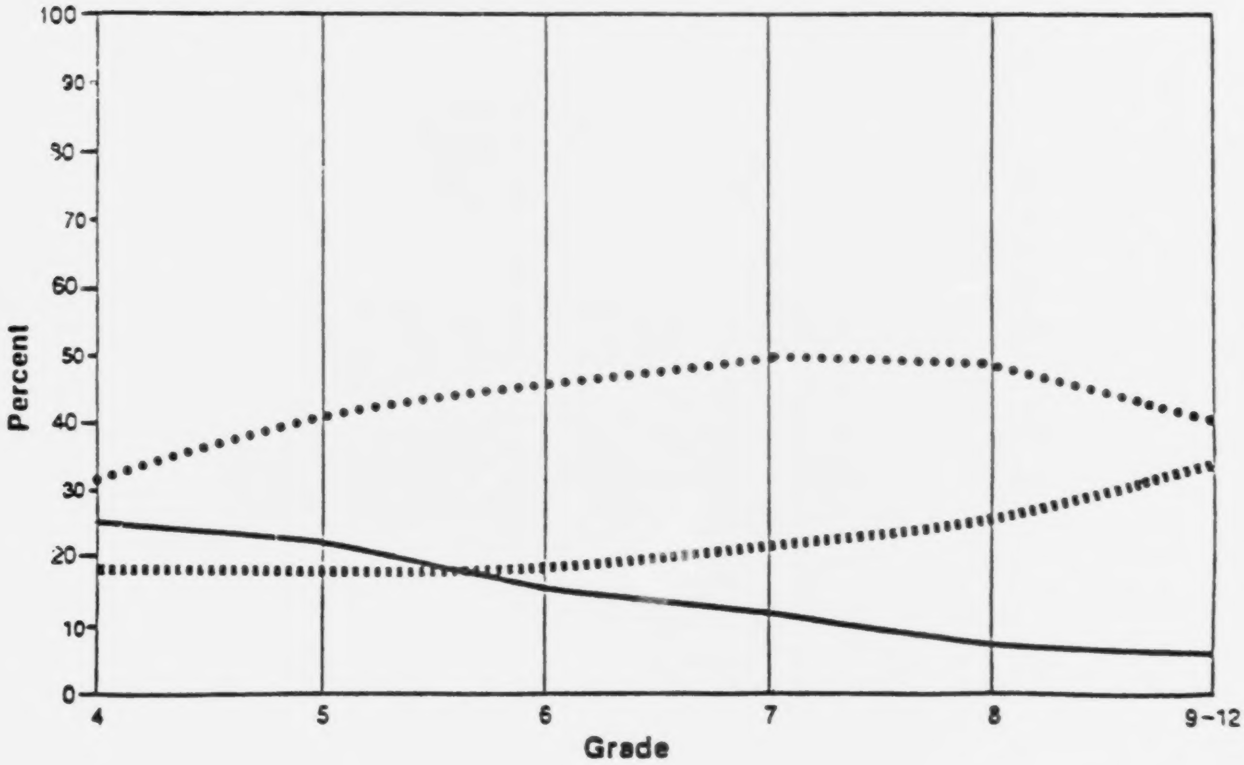
Percent Reporting Reason Kids Start Using Beer, Wine, or Liquor.

Key
Fit In ————————
Feel Older ||||||||||||||||||||||||||
Have a Good Time ●●●●●●●●●●●●

4a

Survey Question
What is the main reason you think kids start to use marijuana (grass or pot)?

Answer Summary
"Fitting in with other kids" is the main reason students of all grades think kids start to use marijuana. In contrast to the reasons given for using alcohol, "feeling older" is not a major reason except among the lowest grades.



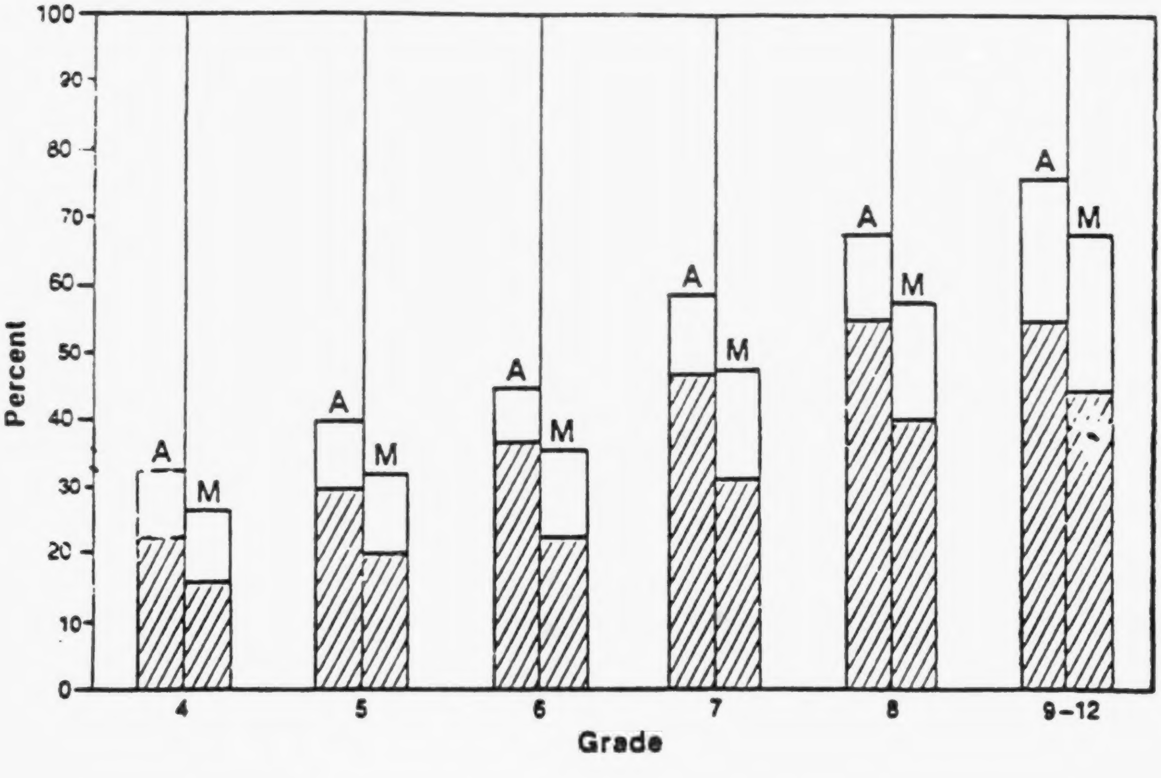
Percent Reporting Reason Kids Start Using Marijuana (grass, pot).

Key
Fit In ••••••••••••••••••••••
Feel Older ————————
Have a Good Time ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

5

Survey Question
How much do kids your age push each other to try beer, wine, liquor, or to try marijuana (grass or pot)?

Answer Summary
The amount students say kids push each other to try alcohol is slightly higher than for marijuana, and both increase with age.



Percent Reporting That Kids Push Each Other to Try Alcohol and Marijuana.

Key
Some ▨
A Lot ☐

A = Alchohol
M = Marijuana

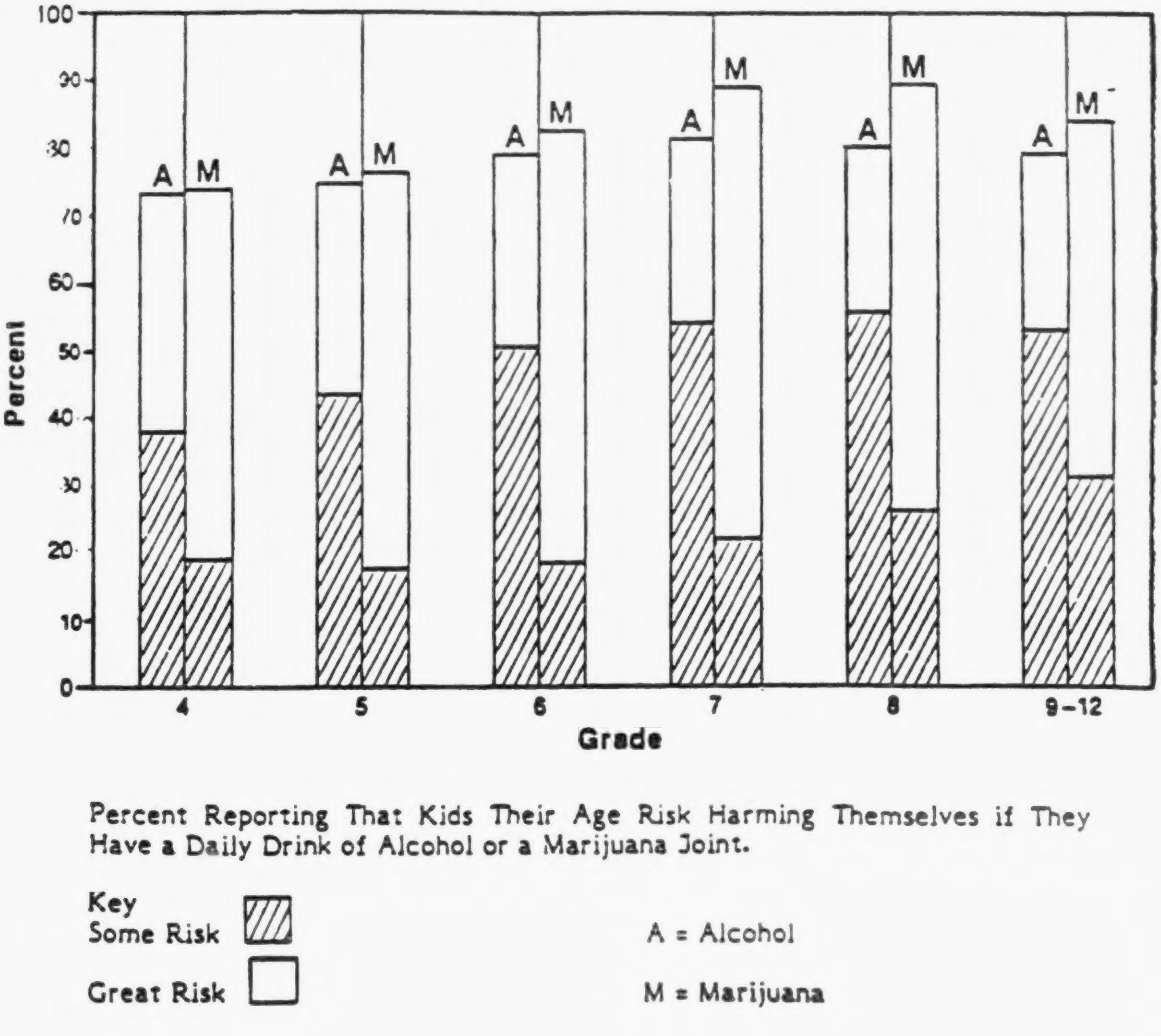
6

Survey Question

How much do you think kids your age risk harming themselves (physically or in other ways) if they have one daily drink of beer, wine, liquor, or if they smoke one marijuana joint daily?

Answer Summary

Most students of all grades think kids their age risk harming themselves if they have a daily drink of alcohol or a marijuana joint, but marijuana is seen as a greater risk than alcohol.



Percent Reporting That Kids Their Age Risk Harming Themselves if They Have a Daily Drink of Alcohol or a Marijuana Joint.

Key

Some Risk ▨

Great Risk ☐

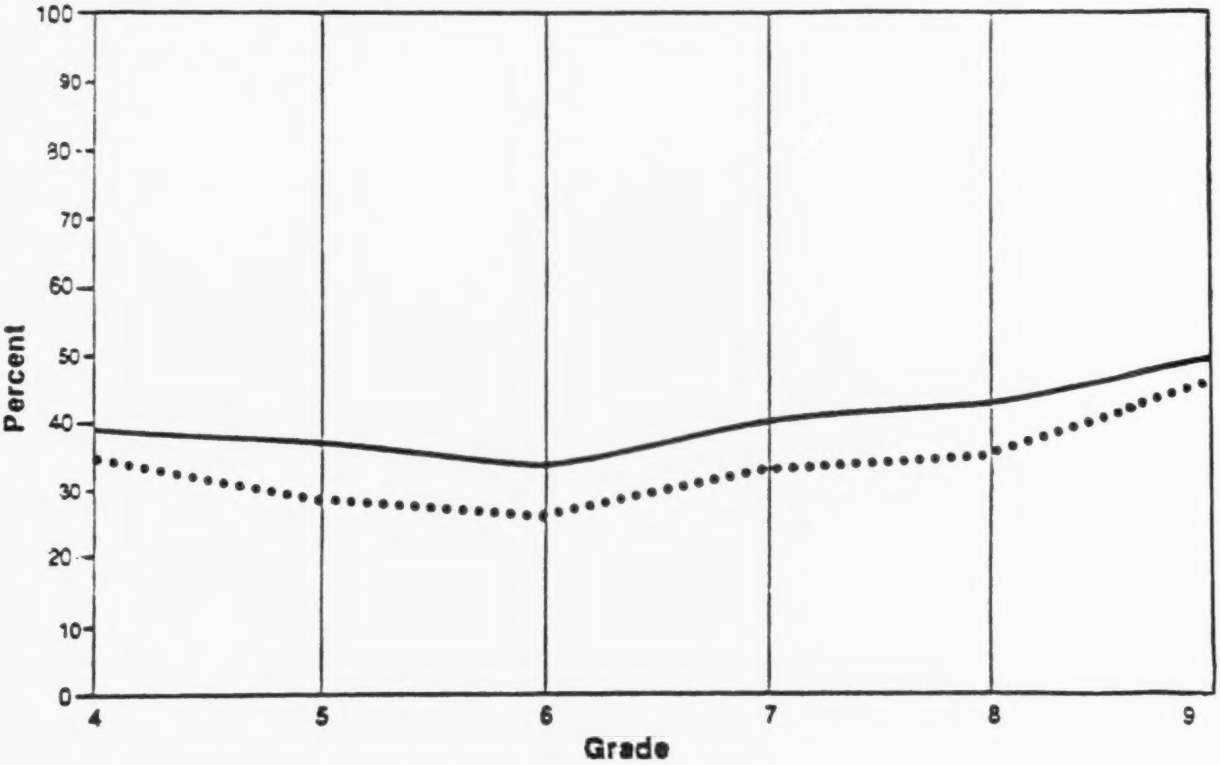
A = Alcohol

M = Marijuana

7

Survey Question
In your town of city, how big a problem do think there is with drinking beer, wine, or liquor, and with using drugs among kids your age?

Answer Summary
About one third of students in grades 4-8 believe that drinking alcohol is "A big problem" among kids their age, and about 40% say the same about drugs. In both cases the percentage rises among high school students.



Percent Reporting That Using Drugs and Drinking Alcohol are "A Big Problem" Among Kids Their Age.

Key
Drugs ———

Alcohol ••••••••••••

8

Survey Question

in your town or city, how many kids your age do you think have ever tried

A

1.) beer, wine, or liquor?
2.) marijuana (grass or pot)?

B

3.) sniffing glue or other chemicals?
4.) uppers or downers (prescription pills taken without doctor's orders)?

C

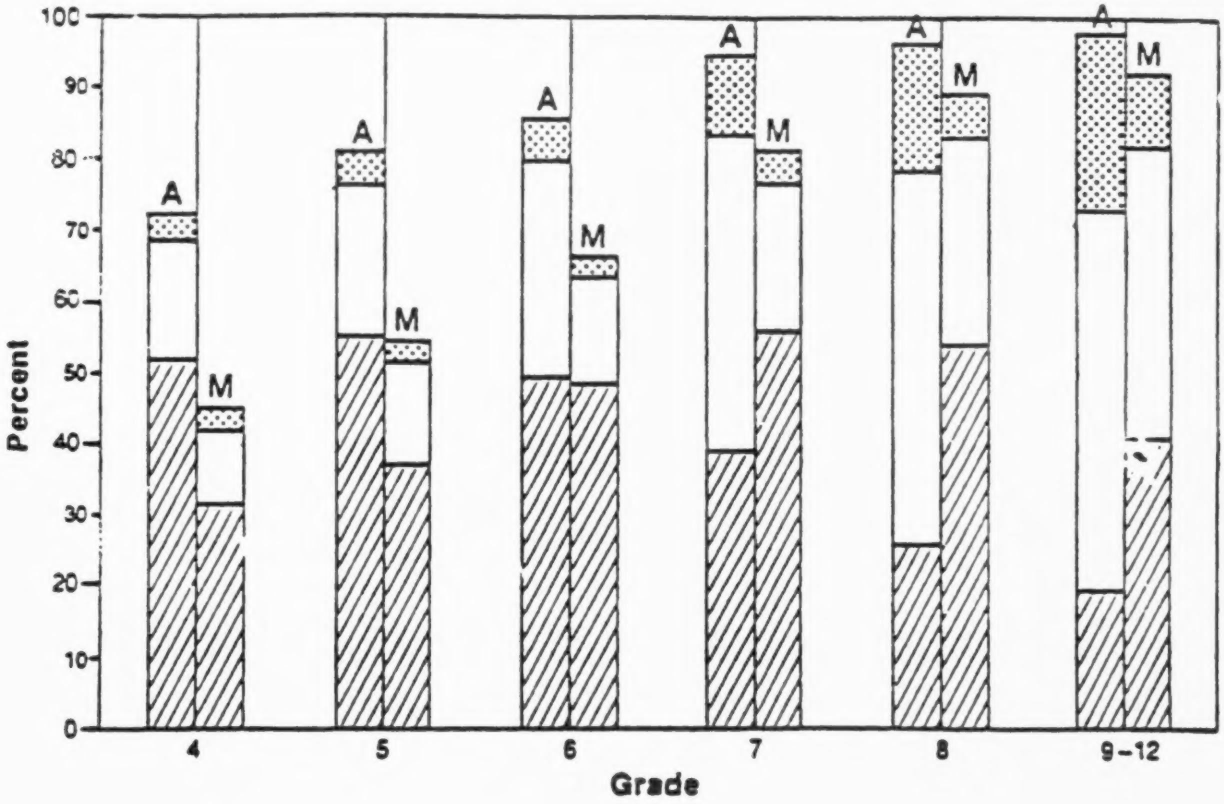
5.) cocaine (coke)?
6.) PCP (angel dust) or LSD (acid)?

Answer Summary

Most fourth graders believe some kids their age in their town have tried alcohol; almost all high school students believe so. About half of fourth graders believe some kids their age in their town have tried marijuana; almost all high school students believe so. The perception of use of other drugs such as glue, uppers and downers, coke, angel dust, and acid is in the same range for fourth grades.

Cautionary Note: This data does not mean (for instance) that half of fourth graders have tried marijuana, but that half believe others have tried it.

A

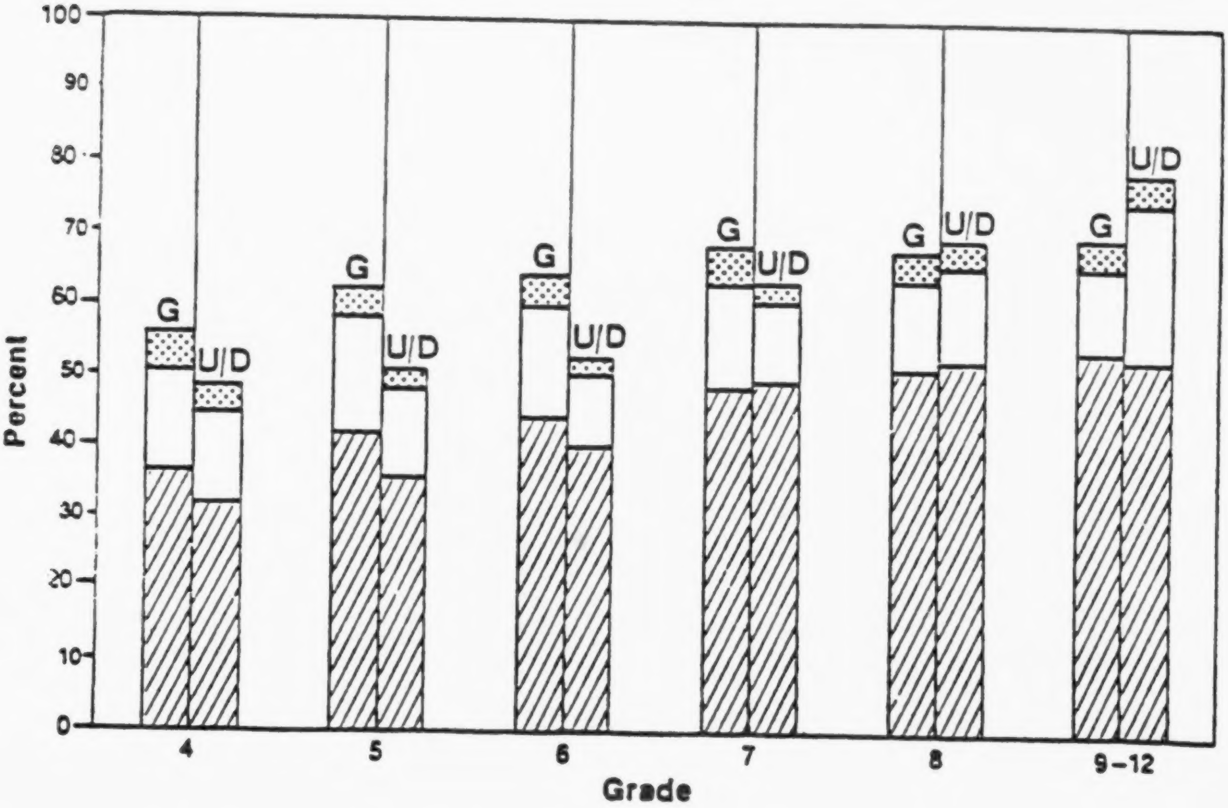


Percent Reporting Estimates of How Many "Kids Your Age Have Ever Tried" Alcohol or Marijuana.

Key
Some ▨
Most ☐
░

A = Alcohol
M = Marijuana

B



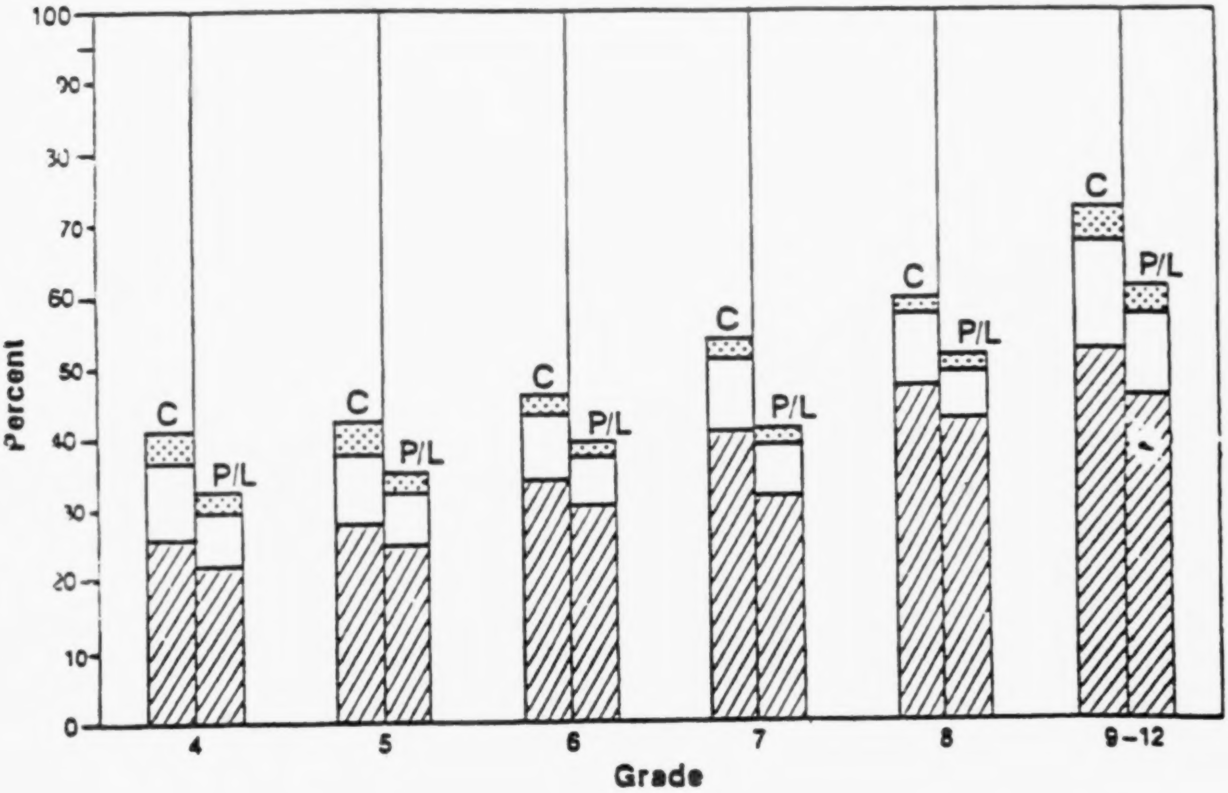
Percent Reporting Estimates of How Many "Kids Your Age Have Ever Tried" Sniffing Glue or Uppers and Downers.

Key
Some ▨
Most ☐
░

G = Glue

U/D = Uppers/Downers

C



Percent Reporting Estimates of How Many "Kids Your Age Have Ever Tried" Cocaine or PCP/LSD.

Key
Some ▨
Most ☐
░

C = Cocaine

P/L = PCP/LSD

OTHER ANALYSES

The data for grades 4-8 were analyzed by sex, by type of community, and by region of the country.

Boys/Girls

Girls are more likely than boys to report that other kids try drugs and liquor to "fit in," and are more likely to believe that there is a "big problem" with drugs and drinking among kids their age.

Urban/Suburban/Rural

More children in urban areas report pressures to try marijuana and liquor, feel both are "big problems," and report more kids using most drugs.

Region of the Country

Differences by region of the country are marked and varied. In general, more children on the two coasts report more involvement with drugs of all sorts, while children in the North Central and Mountain states report the least.

APPENDIX D

LIST OF PUBLIC FORUM PARTICIPANTS

Mr. V.J. Adduci
Chairman
National Commission Against Drunk Driving
c/o Motor Vehicle Manufacturers Association
1620 I Street, N.W., Suite 1000
Washington, D.C. 20006

Ms. Martha Aly
Alcohol and Drug Program Coordinator
Prince Georges County School System
Northern Area Administrative Office
6501 Lowland Drive
Landover, MD 20786

Terry Borton, Ph.D.
Editor-in-Chief
Xerox Education Publications
245 Long Hill Road
Middletown, CT 06457

Mr. Jim Burnett
Chairman
National Transportation Safety Board
800 Independence Ave., S.W.
Washington, D.C. 20594

Ms. Gina Burney
National Clearinghouse for Alcohol Information
1776 East Jefferson
Rockville, MD 20852

Mr. Bill Butynski
Executive Director
National Association of State Alcohol
and Drug Abuse
Directors, Inc.
444 N. Capitol St., N.W. Suite 530
Washington, D.C. 20001

Ms. Beatrice Cameron
Assistant Superintendent for Student
Services and Special Education
Fairfax County Schools
10700 Page Avenue
Fairfax, VA 22030

Mr. Andy Cassells
Cox Communication
400 N. Capitol St. 169
Washington, D.C. 20001

Mr. William E. Clark
State Director
Maryland EMS Field Operations
22 S. Greene St.
Baltimore, MD 21201

R. Adams Cowley, M.D.
Director
Maryland Institute for Emergency Medical
Services Systems
22 South Greene St.
Baltimore, MD 21201

William Cushman, Ph.D.
Executive Director
American Driver and Traffic Safety Education Association
Suite 509
123 North Pitt Street
Alexandria, VA 22314

Ms. Darlind Davis
Assistant Director for Prevention
National Prevention Network
Alcohol Control Administration
Maryland State Department of Health
and Mental Hygiene
201 W. Preston St., 4th floor
Baltimore, MD 21228

Mr. Robert Denniston
Director, Division of Prevention and
Research Dissemination
National Institute on Alcohol Abuse and Alcoholism
16-C-10 5600 Fisher Lane
Rockville, MD 20857

Mr. James Dlugos
Volvo of America Corp.
1 Volvo Drive
Rockleigh, NJ 07647

Ms. Carolyn Dottery
M. M. Washington Career Center
27 O St., N.W.
Washington, D.C. 20007

Leroy Dunn, Ph.D.
National Highway Traffic Safety Administration
400 7th St., S.W.
Washington, D.C. 20590

Ms. Donna Duquette
Alcohol Education Specialist
National Association of State Boards of Education
701 North Fairfax St.
Suite 340
Alexandria, VA 22314

Ms. Sandi Eisenberg
Women's Association of Allied Beverage Industries
11432 Twining Lane
Potomac, MD 20854

Mr. James Fell
American Association For Automotive Medicine
#40 Second Avenue
Arlington Heights, IL 60004

and

National Highway Traffic Safety Administration
400 7th St., S.W.
Washington, D.C. 20590

Mrs. Liz Frausto
Coordinator, STARR Project
1202 Wood Avenue
Sumner, Washington 98390

Ms. Carol Giannini
Montgomery County Substance Abuse Coordinator
Division of Children and Youth
401 Fleet Street
Rockville, MD 20850

Mr. Michael Gilbert
Trooper, Iowa Highway Patrol
Region VII Office
National Highway Traffic Safety Administration
P.O. Box 19515
Kansas City, MO 64141

Mrs. Glenna Gundell
Chairman
Drug and Alcohol Abuse Program
The National PTA
1201 16th Street, N.W.
Suite 621
Washington, D.C. 20036

Ms. Susan Gorsky
U.S. Department of Transportation
400 7th St., S.W.
Washington, D.C. 20590

Ms. Joanne Goldsmith
Past-President
National Association of State Boards of Education
701 North Fairfax Street
Suite 340
Alexandria, VA 22314

Mr. John Grant
Program Director
National Commission Against Drunk Driving
1705 DeSales St.
Washington, MA 20036

Ms. Karen Gubatosi
Traffic safety Programs
National Highway Traffic Safety Administration
400 7th St., S.W.
Washington, D.C. 20590

Ms. Alice Heffner
Virginia Department of Mental Health
P.O. Box 1797
Richmond, VA 23214

Mr. Lou Herzog
President
Northern Virginia MADD
P.O. Box 64
Falls Church, VA 22046

Ms. Roberta Hildebrand
7011 Georgia St.
Chevy Chase, MD 20815

Mr. Thomas Hinsdale
Association for Prevention of Substance Abuse
3744 N. Oakland St.
Arlington, VA 22207

Monica Homer, Ph.D.
Health Studies Department
Adelphi University
Box 701
Garden City, NY 11530

Mr. Francis Ianni
Governor's Highway Safety Representative
Delaware Office of Highway Safety
904 Delaware St.
New Castle, DE 19720

Mr. Grey Jones, Jr.
President
FLI Learning Systems, Inc.
P.O. Box 2233
Princeton, NJ 08540

Bintah Kakay
M. M. Washington Career Center
27 O St., N.W.
Washington, D.C. 20007

Ms. Marilynn Kennell
Adelphi University
Garden City, NY 11530

Honorable Robert G. Kramer
Maryland House of Delegates
212 Lowe House Office Building
6 Governor Blagden Boulevard
Annapolis, MD 21401-1991

Ms. Debbie Lantzy
Student
305 Ritchie Parkway
Rockville, MD 20852

Ms. Christine Lubinski
National Council on Alcoholism
1511 K St., N.W., Suite 320
Washington, D.C. 20005

Ms. Dawn Marks
M. M. Washington Career Center
2001 North Capitol N.W.
Washington, D.C. 20001

Mr.Don McCabe
Office of Indian Education Program
Bureau of Indian Affairs
18th & C Streets, N.W.
Washington, D.C. 20240

Kenard McPherson, Ph.D.
Director
National Public Services Research Institute
10741 Little Patuxent Parkway
Columbia, MD 21044

and

123 N. Pitt Street
Alexandria, VA 22314

Ms. Diane Menie
Vice President, Marketing
FLI Learning Systems, Inc.
2724 C Humboldt Avenue South
Minneapolis, MN 55408

Mr. John V. Moulden
Alcohol Program Coordinator
Bureau of Safety Programs
National Transportation Safety Board
800 Independence Ave., S.W.
Washington, D.C. 20594

Ms. Joyce Nalepka
President
National Federation of Parents for Drug-Free Youth
1820 Franwall Avenue, Suite 16
Silver Spring, MD 20901

Mr. Dennis Nelson
Substances Abuse Coordinator
Fairfax County Public Schools
2831 Graham Road
Falls Church, VA 22042

Honorable Robert Niven, M.D.
Director
National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane - Room 16-105
Rockville, MD 20857

Ms. Julie Peterson
Washington Traffic Safety Commission
1000 So. Cherry St.
Olympia, WA 98504

Mr. William Plymat
2908 Patricia Drive
Des Moines, IA 50322

Mr. George Reagle
Associate Administrator for Traffic Safety
National Highway Traffic Safety Administration
400 7th St., S.W.
Washington, D.C. 20590

Mr. Clay Roberts
President
Roberts, Fitzmahan & Associates
9131 California Avenue, S.W.
Seattle, WA 98136

Ms. Paula Roth
Director, Prevention and Education
National Council on Alcoholism
1511 K Street, N.W.
Suite 320
Washington, D.C. 20005

Mr. Jerald S. Sachs
Board of Directors - Mothers Against Drunk Driving
President, Capital Centre
Capital Centre
Landover, Maryland 20786

Mr. William Savage
Program Specialist for Health and Driver Ed.
Fairfax County Public Schools
3705 Crest Drive
Annandale, VA 22003

Mr. Mike Sheehan
National Highway Traffic Safety Administration
400 7th St., S.W.
Washington, D.C. 20590

Mr. Monroe Snyder
Director
Office of Driver and Pedestrian Research
National Highway Traffic Safety Administration
400 7th St., S.W.
Washington, D.C. 20590

Ms. Maureen Sullivan
Public Health Analyst
National Institute on Drug Abuse
5600 Fishers Lane
Rockville, MD 20857

Mr. Barry M. Sweedler
Director
Bureau of Safety Programs
National Transportation Safety Board
800 Independence Ave., S.W.
Washington, D.C. 20594

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy
The White House, Room 220
Washington, D.C. 20500

Mr. John Vickerman
Executive Director
National Commission Against Drunk Driving
1400 Eye St., N.W., #200
Washington, D.C. 20005

Ms. Nanci Weitzman
Women's Association of Allied Beverage Industries
11121 Post House Ct.
Potomac, MD 20854

Mr. Sam Yaksich, Jr.
Executive Director
AAA Foundation for Traffic Safety
8111 Gatehouse Road
Falls Church, VA 22047

WRITTEN TESTIMONY SUBMISSIONS

Mr. Ken Estes
Director
Americans for Substance Abuse Prevention
Fourth Floor
660 Newport Center Drive
Newport Beach, CA 92660

Ms. Laurie Beth Fitz
Marketing and Program Director
American Association of Youth Sports
15500 Wayzata Blvd., Suite 768
Minneapolis, MN 55391

Mr. Herbert Grover
State Superintendent
Wisconsin Department of Public Instruction
125 South Webster Street
Box 7841
Madison, WI 53707

Mr. Lowell B. Jackson
Secretary
Wisconsin Department of Transportation
P.O. Box 7910
Madison, WI 53707-7910

Mr. Robert G. Kirk
Licensed Beverage Information Council
1250 Eye Street, N.W., Suite 900
Washington, D.C. 20005

Markku Linnoila, M.D., Ph.D
Clinical Director, DICBR
National Institute on Alcohol Abuse
and Alcoholism
Building 10, Room 3B19
9000 Rockville Pike
Bethesda, MD 20205

Mr. Ian M. Newman
Nebraska Prevention Center for Alcohol and Drug Abuse
216 Coliseum
University of Nebraska
Lincoln, Nebraska 68588-0137

Mr. Peter K. O'Rourke
Director
California Office of Traffic Safety
7000 Franklin Blvd., Suite 330
Sacramento, CA 95823

Mr. Robert G. Russell
Acting Director
Division of School Traffic Safety
and Emergency Planning
Room 229 State House
Indianapolis, IN 46204

Mr. Terrance Schiavone
Director
Governor's Highway Safety Bureau
100 Cambridge St., Room 2104
Boston, Massachusetts 02202

Mr. Edward J. Walsh
Chief Coordinator
Governor's Office on Highway Safety
345 Harris Ave.
Providence, RI 02909

Wine and Spirits Wholesalers of America
2033 M St., N.W.
Suite 400
Washington, D.C. 20036

APPENDIX E

PROGRAM AND CURRICULUM CONTACTS

1. AAA Foundation for Traffic Safety

   Mr. Sam Yaksich, Jr.
   Executive Director
   AAA Foundation for Traffic Safety
   8111 Gatehouse Road
   Falls Church, VA 22047

2. Fairfax County Virginia Substance Abuse Prevention Program

   Ms. Beatrice Cameron
   Assistant Superintendent for Student Services
   and Special Education
   Fairfax County Schools
   10700 Page Avenue
   Fairfax, VA 22030

3. Here's Looking At You, Two

   Mr. Clay Roberts
   President
   Roberts, Fitzmahan & Associates
   9131 California Avenue, S.W.
   Seattle, WA 98136

4. Preventing Alcohol Abuse Program

   Mr. Grey Jones, Jr.
   President
   FLI Learning Systems, Inc.
   P.O. Box 2233
   Princeton, NJ 08540

5. Reach America

   Ms. Joyce Nalepka
   President
   National Federation of Parents for Drug-Free Youth
   1820 Franwall Avenue, Suite 16
   Silver Spring, MD 20901

6. Starr Project

Mrs. Liz Frausto
Coordinator, STARR Project
1202 Wood Avenue
Sumner, Washington 98390

7. Traffic Accidents And Trauma Program

Mr. William E. Clark
State Director
Maryland EMS Field Operations
22 S. Greene St.
Baltimore, MD 21201

Kenard McPherson, Ph.D.
Director
National Public Services Research Institute
10741 Little Patuxent Parkway
Columbia, MD 21044

and

123 N. Pitt Street
Alexandria, VA 22314

8. Weekly Reader

Terry Borton, Ph.D.
Editor-in-Chief
Xerox Education Publications
245 Long Hill Road
Middletown, CT 06457

9. NHTSA

Ms. Joan White
Prevention Programs Specialist
Office of Alcohol Countermeasures
National Highway Traffic Safety Administration
400 7th St., S.W.
Washington, D.C. 20590

10. NIAAA

Mr. Robert Denniston
Director
Division of Prevention and Research Dissemination
National Institute on Alcohol Abuse and Alcoholism
16-C-10 5600 Fisher Lane
Rockville, MD 20857

11. NIAAA Alcohol Clearinghouse

Ms. Gina Burney
Senior Writer
National Clearinghouse for Alcohol Information
1776 East Jefferson
Rockville, MD 20852

12. NIDA

Ms. Maureen Sullivan
Public Health Analyst
National Institute on Drug Abuse
5600 Fishers Lane
Rockville, MD 20857

13. NTSB

Mr. John V. Moulden
Alcohol Program Coordinator
Bureau of Safety Programs, SP-10
National Transportation Safety Board
800 Independence Ave., S.W.
Washington, D.C. 20594

14. PROJECT GRADUATION

Ms. Carol Giannini
Montgomery County Substance Abuse Coordinator
Division of Children and Youth
401 Fleet Street
Rockville, MD 20850

15. SCHOOL TEAM APPROACH

Mr. Myles Doherty
Program Director
U.S. Department of Education
Washington, D.C. 20202-4101

APPENDIX F

OVERVIEW OF THE U.S. DEPARTMENT OF EDUCATION SCHOOL TEAM APPROACH

An Overview of the School Team Approach

Alcohol and Drug Abuse Education Program
(ADAEP)
U.S. Department of Education

ADAEP's Response to a Growing Concern

Drug use and abuse have continued to have serious effects on the development of the nation's youth. At all levels of society and in communities across the country, widespread drug use, in combination with other problems — poor school performance, truancy, school violence and vandalism, dropouts — has increased at a rapid pace and has reached progressively younger age groups. *President Reagan has called drug abuse "one of the greatest problems facing us internally in the United States."*

The response developed by the U.S. Department of Education, Alcohol and Drug Abuse Education Program is the School Team Approach Program — a national network of training and resource centers set up to train teams of school, community and volunteer representatives in problem-solving techniques that help schools develop effective programs for youth.

Rather than prescribing preconceived solutions to problems, the program offers a systematic process that can be adapted to a wide variety of problems and circumstances in local schools: a process that can lead to greatly improved school and community services and ultimately, to the healthy, positive development of young people.

The School Team Approach Program

The ADAEP uses a school team training approach to drug and alcohol abuse prevention. The network of five regional training centers provides training and follow-up on-site support to clusters consisting of two to four teams of five to seven representatives of local schools and communities.

Emphasis is on helping teams and clusters of people to assess and solve problems themselves. This entails the development of a plan of action, implementation of the plan, and on-site support (technical assistance and field training).

Now in its twelfth year, the program has trained over 4,500 teams throughout the country. These teams in turn have had an impact on millions of individuals — students, parents, teachers, administrators and community leaders — in their respective communities.

The Goal of the School Team Approach Is:

To develop the capacity of the local schools to prevent and reduce alcohol and drug abuse and associated disruptive and destructive behavior which hinder learning in schools.

For schools participating in the School Team Approach, there are a number of criteria for assessing its effectiveness. One or more of the following may be considered success criteria for schools participating in the ADAEP two years after training:

1. Reduction of drug and alcohol use and abuse. The indices could be in the form of self-reports by students or reduction of alcohol and drug abuse referrals to the principal's office in the school.
2. Reduction of associated disruptive behavior during school hours that interferes with the learning process and takes administrative and teacher time and energy from education tasks. Indices of impact could be in the form of reductions in referrals to the principal's office, in suspensions, in costs of vandalism, or student self-reports of reduction in disruptive behavior or vandalism or an increase in the perception by students of a safe school environment.

Objectives for Leadership Roles and Groups

The School Team Approach recognizes that the key to a well-functioning school and a well-functioning school system is its leadership. Therefore, superintendents and principals are crucial in the School Team Approach. Their desires to identify problems, to explore solutions openly, and to carry out new approaches are necessary. To clarify the School Team Approach, its goals and program design, role objectives have been developed for superintendents, principals, school district clusters, and school teams participating in the program. A school team is an interdisciplinary group of approximately five to seven members, usually an administrator and combination of teachers, counselors and staff within a selected school who participate in training and become responsible for developing programs in the school.

A "cluster" consists of two to four teams within a school district, from schools organizationally related (e.g., a high school and its feeder schools) headed by a coordinator from the district office. The cluster concept is intended to provide for the coordination and exchange of program activities and ideas within a school district and for the development of mutual resources within the district and cluster.

The role objectives are the following:

A. **Superintendent or Regional Superintendent**
To coordinate resources in the school district and community to address and solve problems of alcohol and drug abuse and related disruptive behavior, and to give leadership and support to all school district personnel and principals to enable them to accomplish this goal.

B. **Principal**
To coordinate resources in the school, school district and the community to address and solve problems of alcohol and drug abuse and related disruptive behavior; to increase a positive school environment through good school governance and with the cooperative efforts of all those engaged in the educational process; and to create a feeling of safety and accountability in the school by all concerned so that more productive learning can take place.

C. **Cluster**
To assist the superintendent and principals, teachers and students in their tasks by becoming a group of skilled and knowledgeable resources in the areas of alcohol and drug abuse and related disruptive behavior, their causes and solutions; to become a creative planning, problem-solving and training resource for the school district in those areas.

D. **Trained Teams**
To assist the administration and school community by becoming a group of skilled and knowledgeable resources in areas of alcohol and drug abuse and related disruptive behavior, their causes and solutions; to become a creative planning and problem-solving resource for the principal and an implementation team, with the skills and experience to develop and manage a variety of activities to deal with the above behaviors in the school.

Program Philosophy

The basic premises of the Department's program place much emphasis on helping people to assess and solve problems themselves. These are: (1) the Federal Government does not dictate to communities what they should do to reduce alcohol and drug abuse; (2) local schools are responsible for solving local problems; (3) the resources for solving local problems are at the local level; (4) problems and their solutions differ with each location; (5) people are committed to solutions they had some part in developing; (6) teams of people are much more effective in solving problems than individuals; (7) volunteers are highly effective; and (8) parental involvement is important.

It is clear that the causes of alcohol and drug abuse and related disruptive behavior have multiple roots in the family, school and community. All may be reasons that young people have poor interpersonal relationships and few opportunities for successful experiences, both of which appear to be correlated with alcohol and drug abuse. For their part schools may contribute to the causes of alcohol and drug abuse and related disruptive behavior by labeling students as failures and by giving little support to students during the inevitable times of confusion as they seek to arrive at decisions natural for teenagers progressing through their normal stages of development.

Current studies and ADAEP experience confirm that the principal is the one ultimately responsible for a well-functioning school and for creating a positive environment for learning. But because the job of principal requires multiple management skills, and because the influence of diverse societal forces is making school management increasingly complex, the principal needs school and community resources to help in doing his or her job.

ADAEP focuses on the "organizational approach" as the approach to assist a principal and the administrative team to deal effectively with alcohol and drug abuse and related disruptive behavior in the school. The approach takes the whole school community and its functions into account as it assesses the prob-

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lems and prescribes solutions. The school community is composed of many units — the physical plant and all the people in the school and their interactions — all of which affect what happens in a school. To this we must add parents, volunteers and youth-related community agencies. The administrative team is responsible for orchestrating these units into a functioning positive system.

Many times the people in the school structure who have knowledge about drug and alcohol abuse are the students, teachers, and school staff. It is these people the administration needs to involve in the analysis of school problems, the development of cooperative school goals, and the creation and implementation of a range of alternative programs. At the same time, classroom teachers should go beyond seeing themselves only as content specialists but should take responsibility for governing students and for enforcing school rules and regulations. The prescription could include better governance of the school, clearer policies for the school, in-service training for teachers to improve their skills, better programs to give counseling support to students, a more responsive curriculum or more communication between school and home.

With twelve years of experience in the field, ADAEP has found that there are characteristics in a school, a school manager and an administrative team that can be identified and developed that may increase a school's effectiveness. These are also supported by a growing body of research. If these identified characteristics exist in a school, then it is probable that a school system will have a low incidence of alcohol and drug abuse and related disruptive behavior in the school during school hours.

A school that is most likely to be successful in preventing alcohol and drug abuse and related disruptive behavior will have many of the following:

1. A decision-making and problem-solving process, which everyone in the school community understands and which includes teachers, staff, administrators and students.
2. Programs that reduce the possibility of alienation by reducing the impersonality of the school environment.
3. Administrative strategies aimed at effective management, required in a school to enable it to meet the constant demands of a changing environment.
4. Classroom policies that encourage the student's sense of accountability.
5. Strategies and programs to promote community volunteer efforts in the schools.
6. Instructional methods that extend, on an equitable basis, realistic opportunities for more students to gain meaningful rewards. A school should offer a variety of alternatives that give each student an opportunity for success in at least one area of competence.
7. Strategies and programs that promote and maintain positive relations between schools and families.
8. Administrative support for teachers for activities in classrooms.
9. Instructional methods and administrative policies that avoid labeling students and putting students in special groupings.
10. Teachers who are effective classroom managers and who understand the importance of the informal dynamics of the classroom. These teachers should have training opportunities available to them to further these skills and to perform better as teachers.
11. Opportunities for teachers to participate in groups for the purpose of identifying areas of training desired and of providing the opportunity to share and discuss problems with colleagues. Groups providing teacher support should have good two-way communication with teachers and administrative teams.
12. Opportunities for students to have adequate contact time with teachers and other adults as a means to prevent feelings of alienation on the part of adolescents.
13. Good school governance that brings both community and school resources together for the development of comprehensive policy and discipline procedures for alcohol and drug abuse and related disruptive behavior. These procedures are effective in crisis situations and include preventive activities. Governance procedures are fair, consistent and understood by all. They include measures for keeping undesirable outsiders off the school grounds.

Administrative teams that are most successful will probably do most of the following:

1. Deal with suspension referrals, dropouts and drug and alcohol abuse and other disruptive behavior in a systematic manner.
2. Increase the involvement of the total school community in problems such as drug and alcohol abuse and disruptive behavior and their solutions.
3. Consider discipline as a "total process," which emphasizes the mutual rights and responsibilities of everyone involved in living and working together in the school community.
4. Take positive stands on the problems and issues of drug and alcohol abuse and disruptive behavior.

5. Define the role of the school and the school system in dealing with social problems such as drug and alcohol abuse and disruptive behavior as differentiated from the role of the family and the community.
6. Develop and maintain a systematic discipline policy with coordination between faculty and administration.
7. Assure that administrative policy is perceived as fair and that it respects the rights of students.
8. Facilitate continuing contact between teachers, administrators and students thereby developing personal ties between students, teachers and administrators and increasing student commitment to and involvement with the school.

Successful principals will probably have many of the following skills: (ADAEP suggests some of these can be taught while others can be provided by diverse members of the administrative team.)

1. The ability to foster confidence in staff and students.
2. The ability to encourage two-way communication among teachers, administrators and students.
3. The ability to facilitate participation in decision-making processes by all groups in the school.
4. The ability to distribute responsibility throughout all units of the school community — empowering all units, but, at the same time exercising the specific responsibility of coordinating the units and setting priorities and goals with input from all units.
5. The ability to judge when to make decisions during difficult times and when to remain flexible in problem-solving sessions.
6. The ability to pursue tasks to completion.
7. The ability to develop and give leadership to a management team.
8. The ability to manage conflict in the system.
9. The ability to use resources in the school district and community and within the school to solve problems of the school.

The goals and objectives of the ADAEP's training and resource centers are to assist school teams in realizing the above characteristics.

For More Information

Northeast Regional Center
Director: Jerry Edwards
Adelphi University National Training Institute
P.O. Box 403
Sayville, NY 11782-0403
(516) 589-7022

Southeast Regional Center
Director: Beth Malray
Southeast Regional Training Center
1450 Madruga Avenue, Suite 406
Coral Gables, FL 33146
(305) 284-5741

Midwest Regional Center
Director: Mickey Finn
2 North Riverside Plaza #821
Chicago, IL 60606-2653
(312) 726-2485

Southwest Regional Center
Director: Jim Kazen
Center for Educational Development
2929 Mossrock Drive, Suite 107
San Antonio, TX 78320
(512) 340-9533

West Regional Center
Director: V. C. League
Western Training & Development Center
100 Webster, Suite 204
Oakland, CA 94607
(415) 452-0901

National Program Support
Director: Bailey Jackson
National Data Base & Program Support Project
466 Hills South
School of Education
University of Massachusetts
Amherst, MA 01003
(413) 545-2844

National Alcohol and Drug Abuse Education Program
Program Contact: Myles Doherty
U.S. Department of Education
Room 2025, FOB-6
400 Maryland Avenue, S.W.
Washington, DC 20202-4101
(202) 472-7960

APPENDIX G

IMPLICATIONS OF PREVENTION RESEARCH

Advocacy of comprehensive alcohol and drug prevention programs for our nations' youth conveys the implicit assumption that such prevention programs are demonstrably effective. Yet historically, drug use prevention programs have not been dramatically successful. A recent study by the Rand Corporation, Stategies for Controlling Adolescent Drug Use, contains one of the most comprehensive reviews and analysis of drug prevention research, programs, and strategies. This study provides an excellent framework for assessing current strategies and approaches in alcohol safety education. The following is a brief synopsis of the Rand findings, which as the reader will later see, parallel many of the views and practices present by the participants in the NTSB Public Forum.

However, according to the authors of the Rand Study, "Recent innovative approaches offer great hope for reducing drug use among youg people." 1/ These new approaches are based on the theory that social influence and peer group norms are the primary factors motivating young people to start smoking or using other drugs. The Rand study authors cite the success of these methods in preventing cigarette use, coupled with "their grounding in a more accurate understanding of adolescent behavior," as factors which suggest their adaptation for programs to prevent other types of drug use. 2/ The Rand Study does not indicate, however, that the application of these anti-smoking prevention techniques to other drugs is necessarily a simple or direct process.

In the past, most prevention programs for adolescents have been directed at a single substance; for example, marijuana, alcohol, or cigarettes. 3/ Others have targeted several substances together or undifferentiated categories of drugs. The failure to coordinate drug, alcohol, and tobacco abuse prevention programs seems to reflect their different (and sometimes competing) sources of funding and "different societal perceptions of which substances constitute serious problems when." 4/ However, these practices and perceptions also imply that each substance above had different antecedent factors, and therefore different solutions, the Rand authors suggest. As a result, the applicability of the anti-smoking techniques to other drugs centers on the issue of whether a single strategy or different approaches are required for alcohol, marijuana, cigarettes, etc.

The authors note that the data showing the ages at which young people begin using the most prevalent drugs (alcohol, marijuana, cigarettes, and stimulants) do, in fact support a "differentiated approach for alcohol." 5/ Their study points out that the 1982 NIDA household survey showed that very few (2-3 percent) 12- and 13-year-olds reported using cigarettes or marijuana in the previous month. In contrast, at least 10 percent (of 12 and 13 year olds) reported using alcohol in the previous month, a proportion similar to the reported use of cigarettes and marijuana by 14- to 15-years olds. The authors suggest that the theoretical likelihood of preventing regular use of any of these substances is compromised when too large a portion (e.g., 10 percent or more) of the peer group uses a

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1/ Polick, J.M.; Ellickson, P.L,; Rauter, P.; et al. Strategies for Controlling Adolescent Drug Use. Rand Corp: 1984

2/ Ibid.

3/ Schaps E. "A Review of 127 Drug Abuse Prevention Program Evaluations." J. Drug Issues 11:17-43, 1981.

4/ Nowlis N.H., "Coordination of Prevention Programs for Children and Youth," Public Health Reports 96:34-37, 1981.

5/ Polick, Ellickson, Rauter, p. 6.

drug. "Targeting prevention activities on younger adolescents takes advantage of the more positive group climate that exists when few of a child's friends and acquaintances take drugs, and most of them also do not approve of it. . . ." 6/ The authors therefore conclude that "prevention programs aimed at adolescent alcohol use may require different timing . . ." than other drugs. However, because of the persistent and stable high usage levels of alcohol over the past several years (compared to cigarettes and marijuana), the Rand study authors add that prevention programs aimed at adolescent alcohol use may also "face less favorable odds of success (than these other drugs)."

While the age of first use seems to argue for a differentiation in timing for alcohol versus marijuana or cigarette prevention programming, the research literature appears to support the sequential connection between use of these different drugs and the common antecedents in those who use them.

Alcohol and cigarettes are commonly referred to as "gateway drugs" to illicit drug use. Most researchers seem to agree that there are typical sequential patterns to drug use behavior, and that they begin with the legal drugs--alcohol and cigarettes--followed in some cases by marijuana and perhaps other illicit drugs. 7/ The Rand study comments that "prevention programs might profitably focus on both legal and illegal substances . . ." in order to disrupt this sequence. 8/

Research on the antecedents of drug use also seems to indicate some commonality in the psycho-social factors that precipitate the use of alcohol, cigarettes, or marijuana. 9/

> "Most authorities agree that social factors play a major role in the spread of drug use among adolescents. Invitation into drugs appears to be a group phenomenon: Most adolescents first try licit or illicit drugs with someone else -typically a friend, although relatives play a central role for alcohol." 10/

The Rand study concludes that, "Peer influences rank among the most important precursors of drug use." 11/

What then are the implications of the Rand study prevention programs? 12/

1. The consistent and strong influence of peers and adults on initation into drug use (of all kinds) suggests that these environmental and situational antecedents should be a primary target addressed by prevention programs.

2. It is therefore important to teach adolescents to identify and resist social influences to use drugs, particularly from peers, but also those influences created by parental use or tolerances.

6/ Ibid., p. 123.
7/ Ibid., p. 124.
8/ Ibid., p. 124.
9/ Ibid., p. 126.
10/ Ibid., p. 126.
11/ Ibid., p. 128.
12/ Ibid., p. 133.

3. Adolescents should be provided successful role models who do not use drugs, and because of the dominance of peer influence, these role models should be young people rather than adults.

4. Drug-taking behaviors represent an attempt to achieve a more mature status for those adolescents who try drugs and are associated with the common need to develop an autonomous self-image.

5. Prevention programs should focus on altering incorrect adolescent group norms about the desirability and status of taking drugs.

6. Preventive techniques should be tailored to specific drugs. Individual drug use is influenced more by the use of a particular substance by others than by the use of other drugs or drugs in general; parental role models are more important for the onset of alcohol and cigarette use than marijuana. For example, "specific beliefs about the prevalence of marijuana and its positive and negative consequences [should be addressed] ; both parental and peer influences for alcohol and cigarettes [should be combatted]), while concentrating more on peer influence situations with marijuana." 13/

7. There is an absence of strong evidence that psychopathology or personality problems are associated with the onset of drug use. Characteristics such as self esteem, focus of control, anxiety, anomie, etc. are not clearly associated with initial drug use. Therefore, promotion of "healthier" or better adjusted adolescent personality traits should be given lower priority in prevention programs.

Prevention Models.--Today there are thousands of drug use prevention programs in schools. School-based programs continue to be the dominant prevention mode for adolescents, (although mass media drug prevention programs have been tried with inconsistent results). The advantages of school-based programs are two-fold. First, schools have direct access to children in the appropriate age range. Second, school based programs have been shown, experimentally, to prevent cigarette smoking--evidence, at least for that drug, that school-based programs can work. 14/

Most school programs are based on one of four general prevention models that differ in their assumptions about why adolescents start using drugs: the information model, the individual deficiency model, the social pressures model, and the alternatives model. 15/

The information model has been the dominant approach for decades. Its premise is that young people use drugs because they lack information about the negative effects of drugs and, therefore, have a neutral or even positive attitude toward trying them. The individual deficiency model, which emerged in the 1970s, assumes that young people use drugs because of psychological problems--lack of self esteem, lack of decisionmaking skills, etc. This approach seeks to help young people clarify their values, so that their choices will derive from and be congruent with their values. The alternatives model postulates a combination of internal and external pressures for adolescent drug use, but emphasizes providing alternative, positive activities as the way to prevent drug use.

13/ Ibid., p.133.
14/ Ibid., p.124.
15/ Ibid., p.124

Finally, the most recent approach to drug prevention is the social pressures model, which emphasizes the external influences that push young people toward drug use, such as adult role models and peers who use drugs, the media's portrayal of drug use, etc. This model recognizes the attractiveness to adolescents of drug use as they seek to emulate "adult" behavior. Programs employing this model try to provide specific skills and support for saying "no."

Program Effectiveness.—Unfortunately, few prevention programs have been subjected to adequate evaluations. In fact, none of the alternatives model programs have been rigorously evaluated. 16/ According to the Rand report, "While thousands of prevention programs have come and gone over the years, we know very little about their effectiveness." 17/

Nevertheless, it is known that information model programs, while they have been shown to increase young peoples' drug knowledge, "less often lead to anti-drug attitudes and even more rarely affect actual behavior." 18/ (This finding is similar to the experience with millions of adult smokers who, despite the ample evidence of the dangers of smoking, continue to smoke.) Some of these programs have overstated the negative or long-term consequences of drug and alcohol use, emphasizing such dire consequences as cirrhosis or alcoholism. Because adolescents are highly "present-oriented" and concerned mainly with immediate consequences or problems, and because they may notice that their parents drink without showing signs of alcoholism, they tend to dismiss such appeals. 19/

The results of programs based on the individual deficiency model have been generally inconclusive. None of those that focus on the clarification of values have demonstrated an association between changes in value priorities and drug-related behavior. As the Rand study found,

> "Evidence that a short-term program can raise self-esteem is limited; moreover, most research does not support a strong relationship between low self-esteem and the onset of drug use. 20/"

According to the Rand study, prevention programs based on the social pressures model offer the greatest promise for success. Their conclusions are the results of several in-school, anti-smoking programs using this model which have demonstrated reduced adolescent smoking by one- to two-thirds. 21/ These programs focus on the social influences that promote smoking, and they teach children techniques for dealing with those pressures. They seek to reinforce group norms against smoking and to undermine beliefs that it is desirable and harmless behavior.

The effective anti-smoking programs teach adolescents how to say "no" in highly specific situations, and they reinforce these skills through role-playing exercises. Most of these programs stress using peers in the resistance training. By using carefully chosen peer role models (athletes, scholars, socially adept students for different target groups), the anti-smoking programs show young people that they can be independent and more mature without smoking, and they strengthen arguments against smoking by using credible

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16 Ibid., p. 139
17/ Ibid., p. 139.
18/ Ibid., p. 140.
19/ Ibid., p. 142
20/ Ibid., p. 143.
21/ Ibid., p. 144.

communicators. The messages in these programs stress short-term consequences of smoking, such as or shortness of breath (for athletes) or the aversion of one's date to the odor of nicotine rather than long-term consequences such as cancer or heart disease.

In summarizing the potential for using successful smoking prevention concepts to prevent other drug taking, the Rand study is encouraging. The authors do, however, have strong doubts about the effectiveness of primary prevention programs that suggest young people should never start drinking. They cite the broad societal acceptance of drinking and the substantial numbers of seventh grade students who are already regular users. 22/The authors do not, however, address the potential effect of such methods on pre-adolescents, i.e., elementary school students (who have few drinking peers) or the potential for preventing such socially unacceptable behaviors as drunk driving and other misuses of alcohol as opposed to solely preventing any use.

Based on the evidence presented, there is little reason to believe that these prevention techniques would not be effective on either a younger audience or for preventing drunk driving (in any mode) as a consequence of alcohol abuse. On the contrary, the similarities in psycho-social antecedents and influences on youth who use alcohol, cigarettes, or marijuana seem to offer hope for adapting smoking prevention concepts to alcohol and marijuana.

22/ Ibid., p. 161.

*U.S. GOVERNMENT PRINTING OFFICE: [illegible]